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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Côte d'Ivoire
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5.6 million, of which $4.9 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of Côte d'Ivoire United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Economy, Finance and Planning

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Côte d'Ivoire

Demographic facts

Population (000)		Average annual change (000)	
Total	11,980	Population increase	484
Males	6,100	Births	658
Females	5,880	Deaths	194
Sex ratio (/100 females)	103.7	Net migration	20
Urban	4,843	Annual population total (% growth)	3.68
Rural	7,137	Urban	5.18
Per cent urban	40.4	Rural	2.60
Population in year 2000 (000)	17,065	Crude birth rate (/1000)	49.9
Functional age groups (%)		Crude death rate (/1000)	14.7
Young child: 0-4	20.2	Net migration rate (/1000)	1.5
Child: 5-14	28.1	Total fertility rate (/woman)	7.41
Youth: 15-24	17.9	Contraceptive prevalence rate (% 15-44)	3
Elderly: 60+	4.3	Gross reproduction rate (/woman)	3.65
65+	2.6	Net reproduction rate (/woman)	2.80
Percentage of women aged 15-49	41.9	Infant mortality rate (/1000)	91
Median age (years)	15.9	Maternal mortality rate (/100,000)	1,800
Dependency ratios: total	103.5	Life expectancy at birth (years	
(/100) Aged 0-14	98.2	Males	50.2
Aged 65+	5.3	Females	52.9
Agricultural population density		Both sexes	51.5
(/hectare of arable land)	2.7	GNP per capita (U.S. dollars, 1990)	750
Population density (/sq. km.)	37		

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5.6 million, of which $4.9 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of Côte d'Ivoire in achieving its population and development objectives. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The 1993-1996 proposed programme is based on: (a) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Côte d'Ivoire in May 1991; (b) new activities proposed by government officials; (c) extensive guidelines set up by the Ivorian economic stabilization and recovery programme, especially those related to the Human Resources Development Policy; and (d) consultations with representatives of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF) during the development of their new programmes. The proposed programme would also be guided by the UNFPA Strategy of Assistance for sub-Saharan Africa (DP/1987/37).

3. The programme's long-term objective is to assist the Government in achieving its goal of improving living standards and the well-being of the population by promoting equilibrium between supply and demand in such sectors as health, education and employment. More immediate objectives of the programme are to: (a) help the Ministry of Health and Social Protection to formulate a national maternal and child health and family planning (MCH/FP) programme and to assist the Ministry in providing family planning services; (b) enhance the technical capabilities of the Ministry of Economy, Finance and Planning for integrating population factors into the development programme and assist the Ministry, in coordination with other technical ministries, in determining the basic components of a population policy; and (c) to continue activities aimed at improving the standard of living of Ivorian women.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. According to the second national population census conducted in 1988, the total population of Côte d'Ivoire was estimated at 10.8 million, compared with 6.7 million in 1975, when the first population census was carried out.[1] The average annual growth rate between the two censuses was 3.8 per cent. At this rate, Côte d'Ivoire's population would double every 19 years and would exceed 20 million in the year 2005. In 1988, population density was estimated at 34 inhabitants per square kilometre. Aliens represented 28 per cent of the population; this large number was made up of migrants who had come to work in Côte d'Ivoire's

[1] United Nations projections for 1990 and 1990-1995 are provided on p. 2 of this report. For the sake of consistency, the demographic data presented in paragraph 5 are based on findings of the census.

successful economy and, more recently, of refugees, especially from the civil war in Liberia. The population is youthful: 46.8 per cent of the population is less than 15 years old. Fertility remains high: in 1988, the total fertility rate was 6.8 children per woman. Between the two censuses, the crude death rate fell from 17 to 13 per 1,000, and life expectancy at birth rose from 48.5 years to 55.5 years. However, the infant mortality rate, which was estimated at 103 per 1,000 live births in 1978, remained high, at approximately 100 per 1,000 live births in 1988. Although there is no accurate information on maternal mortality, a 1985 survey in Abidjan indicated a rate of 840 maternal deaths per 100,000 live births.

6. The health situation in Côte d'Ivoire is characterized not only by high infant, child and maternal mortality, but also by a disquieting epidemiological situation with respect to AIDS and sexually transmitted diseases (STDs), a precarious nutritional status, and poor accessibility to MCH/FP services, despite the Government's significant efforts to expand MCH services to rural areas. The country now has 13 maternity clinics in urban areas, 227 in rural hospitals and 35 in the 260 rural health centres. There are shortages of trained staff, drug supplies and equipment in these health facilities, which are underutilized, particularly those in rural areas. On average, 38 per cent of pregnant women never have a prenatal visit, and 60 per cent have only two visits. More than one third of all deliveries are unattended, even by a trained traditional birth attendant (TBA), and only 36 per cent of deliveries in rural areas occur in a maternity centre.

7. Because an official policy in favour of family planning was adopted only recently, in 1991, the coverage and accessibility of family planning services are extremely limited, with only 12 family planning service points. These are organized by a non-governmental organization (NGO), the Ivorian Association for Family Welfare (AIBEF), which is the national affiliate of the International Planned Parenthood Federation (IPPF), in its own clinics or in government institutions. Services are essentially available only in Abidjan and six other cities. Private practitioners also prescribe contraceptives, which have to be purchased in private pharmacies. Contraceptives are available in some 175 urban pharmacies and 70 small-town outlets. The limited supply of family planning services contrasts with the high demand: A 1986 survey indicated that 55 per cent of women of reproductive age wish to have no more children. All reversible contraceptive methods are authorized in Côte d'Ivoire; abortion and voluntary sterilization are illegal. Although accurate information is lacking, the 1990 contraceptive prevalence rate (CPR) was estimated at 3.4 per cent among women of reproductive age.

8. In the field of education, the Government has succeeded in lowering the illiteracy rate from 75 per cent in 1975 to 58 per cent in 1990. School enrolment rates rose steadily during the 1960s and 1970s, from 43 per cent in 1960 to 75 per cent in 1980. However, the economic crisis of the 1980s combined with the increase in the population of primary school-age children has resulted in a decline to 70 per cent in 1990. Moreover, classrooms at all levels are overcrowded, repetition and drop-out rates are increasing, and there are disparities in school attendance by region and by sex. In 1990, girls and young women made up 42 per cent of the enrolment at the primary level, 28 per cent at the secondary level and 19 per cent at the tertiary level. In the same year, the school attendance rate in the age group 7-12 was 56 per cent for girls and 96 per cent for boys. The drop-out rate was much higher for girls: fewer than 15 per cent reach senior high school.

9. The last population census indicated that, between 1975 and 1988, the economically active population dropped from 54 to 51 per cent. In 1991, unemployment was estimated at 13 per cent. A further deterioration of the situation will inevitably follow staff reductions in the public sector, because of the recently-adopted Structural Adjustment Programme, and in the private sector, because of the poor economic environment. Women's economic situation is of great concern. Ivorian women generally occupy low-income jobs; 71 per cent of the female labour force work in agriculture, 25 per cent in the non-formal sector and 4

per cent in the modern sector. In public administration, where women represent 30 per cent of all civil servants, only 13 per cent hold executive positions.

10. The country has faced considerable financial difficulties since 1980, when the prices of primary commodities (particularly cocoa) began to fall sharply. To address social problems caused by the economic crisis and the debt burden, the Government, assisted by the World Bank and the International Monetary Fund (IMF), formulated an economic stabilization programme for 1989-1990, a medium-term financial and economic programme for 1991-1995 and a major Human Resources Development Policy. The first official declaration on family planning was made in 1991 at a national seminar in which the Minister of Health and Social Protection underlined the importance of family planning for women's health and children's survival. The Government has since requested UNFPA's assistance in the development of a population policy. In addition, a central unit has been set up under direct ministerial authority to coordinate all family planning activities in the public and private sectors.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

11. UNFPA's first assistance programme to Côte d'Ivoire (1985-1988) was approved in June 1985. The second programme (1990-1991), in the amount of $2.5 million, was approved in June 1990 as a two-year interim programme to synchronize UNDP and UNFPA programming cycles, as recommended by the Joint Consultative Group on Policy (JCGP). This programme was extended to 1992 at the Government's request. By the end of 1991, approximately $940,000 had been expended. An additional expenditure of $600,000 was foreseen for 1992, bringing the total expenditure to $1.54 million for the period 1990-1992.

Maternal and child health and family planning

12. The first activities supported by UNFPA began in 1984 with a series of seminars to sensitize medico-social staff about the importance of family planning for mothers and children. Between 1985 and 1988, four Ivorians were trained abroad in family planning techniques. In 1988, UNFPA involved three ministries and several executing agencies in a project entitled "Family Health and Promotion of Women". However, the complex institutional framework needed for this project precluded early implementation and led to several unsuccessful attempts at reformulation. In 1989, a multisectoral mission recommended a bridging programme (1990-1991) to sensitize the Government, opinion leaders and the public about the health benefits of family planning and to improve the health of mothers and children by supporting primary health care and Safe Motherhood. An amount of $300,000 was set aside to provide contraceptives to AIBEF and to renovate and equip certain rural maternities. A new MCH/FP project was initiated in 1991, by which time the new Government had begun to adopt positive policies in the population field. At the Minister of Health's request, a national seminar was organized on the health benefits of family planning for mothers and children, and a central MCH/FP unit was created under the Ministry.

13. All the components of UNFPA assistance have now been delivered: training, renovation of four maternities and procurement of equipment, supplies and transportation. Family planning services, not instituted earlier because of a major reorganization in the Ministry of Health as a result of structural adjustment, are now ready to be introduced.

Information, education and communication

14. Côte d'Ivoire has had long experience in using mass media, field workers and the educational system for information, education and communication (IEC) activities related to the development process. The technical ministries have structures responsible for IEC and social mobilization, such as the National Office for Rural Promotion (ONPR), the National Service of Public Health Education (SNES) and the Institute for Women's Training (IDEF). However, the IEC approach is still compartmentalized, with little grass-roots or community participation. A coherent multisectoral strategy to support MCH/FP and the STDs/AIDS programmes has yet to be developed.

15. Until the second half of the 1980s, IEC activities (usually seminars) related to family planning, population growth and the interrelationship between population and development were organized only sporadically. NGOs, such as AIBEF, and some ministerial departments involved in social and women's affairs pioneered limited IEC activities. UNFPA support was provided for the above activities as well as for the sensitization of journalists to population issues. More recently, UNFPA financed a sensitization campaign by the Ministry for Women's Promotion on the subject of women, population and the environment.

16. Population education in schools represents a major UNFPA contribution. A three-year family life education project was established in the Ministry of Education. With technical support from the United Nations Educational, Scientific and Cultural Organization (UNESCO), the implementation of family life education activities, which began in 1990, is progressing well. The project has added an AIDS prevention module through the IEC component of the Canadian assistance programme against AIDS in francophone Africa. Cooperation is planned with the United Nations regional programme against drug abuse.

Data collection and analysis

17. UNFPA provided assistance for both the first population census in 1975 and the second in March 1988. On the occasion of the second census, the Government issued a decree institutionalizing the organization of a census every 10 years. The initial results of the 1988 census were officially published in November 1991. Financial difficulties due to the dollar exchange-rate fluctuations and delays in disbursing a World Bank loan led to a one-year delay in the project's completion. A multinational migration and urbanization survey is currently being prepared. However, owing to budgetary constraints experienced during the last two years, UNFPA could not meet its commitments, amounting to $250,000 earmarked in the context of the provisional programme.

Population policy formulation

18. The first country programme did not include the formulation of a population policy. However, in 1991, an activity was approved to set up a Population Unit. Because of UNFPA's financial constraints and administrative restructuring in the Ministry of Economy, Finance and Planning, where the unit was to be located, this activity was not implemented. However, two members of the Ministry's managerial staff underwent training in population and development at the University of Louvain-la-Neuve (1990-1991) and at the Institut d'Etudes Politiques in Paris (1991), which should facilitate development of a policy.

Population dynamics

19. Since 1972, UNFPA has supported demographic training and research at the Ecole National Supérieure de Statistique et d'Economie Appliquée (ENSEA) through fellowships and a training and research project for students from francophone African countries. Both these projects were positively evaluated.

Women, population and development

20. During the second country programme, three studies were conducted in the area of women, population and development: women in employment and public life, a statistical and bibliographical study, and a study on the legal status of women in Côte d'Ivoire. A pilot survey jointly financed by UNICEF, UNDP and UNFPA was carried out. A UNFPA project in the Ministry for Women's Promotion financed other activities, such as the training of central and regional staff in management and IEC, and a sensitization campaign on women, population and environment. One staff member from the unit is currently enrolled in a long-term training programme in family planning IEC at the University of Montreal.

Other external assistance

21. UNICEF has provided assistance within the framework of immunization and nutrition programmes and has contributed to the women, population and development sector through funding of a joint survey with UNDP and UNFPA. In its 1992-1996 country programme, for a total amount of $7.5 million, it will continue to support the immunization programme, and its intervention will be expanded to cover primary health care and the implementation of the Bamako Initiative in selected areas. UNICEF and UNFPA have been exploring possibilities of funding complementary activities common to the mandates of both organizations.

22. The United States Agency for International Development (USAID) provides assistance through several NGOs, including the Ivorian Family Planning Association. Besides contributing to data collection, USAID provides support to family planning services and IEC. A health and family planning project, in the estimated amount of $19.9 million (1993-1997), will support family planning services, including contraceptive provision; AIDS prevention through IEC activities and condom distribution; and promotion of maternal health and child survival.

23. The Government of France has traditionally provided assistance in the health and education sectors, including the funding of a large-scale project aimed at assisting the Government in decentralizing its health care system and renovating premises. This project would also support other public health efforts, such as AIDS prevention and socio-medical research.

24. Other assistance to the health sector has been provided by the World Health Organization (WHO), which has funded medical research and AIDS prevention programmes; the World Food Programme (WFP), which has provided food to displaced populations and school canteens and which plans to assist the Government in settling young farmers; the European Community (EC), which has provided assistance through the strengthening of the national pharmacy and the provision of drugs in hospitals; and the Government of Canada, which is providing assistance for AIDS prevention through a five-year programme. Canada has also collaborated with UNFPA by funding sociocultural studies and teacher training.

25. The World Bank has been instrumental in encouraging a positive attitude towards population issues among policy makers in Côte d'Ivoire. The World Bank also helped finance the 1988 population census, the

continuous household survey and the multicountry migration study. It is planning to provide funding for the sector of women and development and for the social dimensions of the Structural Adjustment Programme.

26. UNDP's programme covers many sectors of the economy, including women and development. It has been co-funding studies in the women's sector with UNICEF and UNFPA and plans to introduce a women's component in all projects. UNDP has also contributed funding for the enumeration of Liberian refugees.

IV. PROPOSED PROGRAMME 1993-1996

27. The proposed programme, covering 1993-1996, is designed in accordance with the Government's policy to organize an efficient regional administration, decentralization to the regional level and coordination among technical ministries and among other external assistance agencies and organizations to optimize development assistance. This coordination would be ensured by the Ministry of Economy, Finance and Planning through the department hosting the Population Unit project.

28. The definition and implementation of a population policy are prerequisites for the World Bank-supported economic stabilization and recovery plan. Hence, UNFPA's proposed programme would give priority to three objectives essential to initiating such a policy: (a) to help the Ministry of Health and Social Protection formulate a national MCH/FP programme, in collaboration with UNICEF, WHO and USAID, and to assist the Ministry in organizing and providing family planning services; (b) to enhance technical capabilities in the Ministry of Economy, Finance and Planning for integrating population factors into the development programme and to assist the Ministry, in coordination with the other technical ministries, in establishing the basic components of a population policy; and (c) to continue activities aimed at improving women's standard of living, specifically through training, education, research and improvement of the facilities of the Ministry for Women's Promotion.

Maternal and child health and family planning

29. The programme's objectives include assisting the Government in its efforts to lower maternal mortality and improve the quality of MCH services, in general, and to develop family planning services, in particular. In 1990, an indirect estimate of the nationwide CPR based on contraceptive consumption was 3.4 per cent. It is believed that, in the catchment area where services are readily available, it would be possible to increase the percentage of women of reproductive age practising modern methods of family planning by some 2 per cent a year. This would raise the estimated CPR from 3.4 per cent to 11.4 per cent by 1996 in those areas.

30. The strategy would consist of reinforcing the newly created family planning technical unit at the ministerial level and assisting in the development of a national plan of action, which would include an efficient monitoring and evaluation system. Personnel of regional directorates of health would receive training in programme management, family planning and computer technology. A total of 20 rural maternities and clinics would be renovated, equipped and supplied after the nursing personnel have been trained in family planning techniques. During the first phase of the programme in 1993-1994, activities would take place in Aboisso Province in the south-east, where an MCH/FP project has just been initiated. The south-east is an underdeveloped border area with serious health problems. The same area is also part of the French Cooperation Agency's health project "Grand Abidjan". It is envisaged that in the second phase, 1995-1996, another region, probably in the south-west, would be selected for the same type of project activities. There has, as yet, been no external assistance involvement in the south-west, although this area has been identified for EC assistance. The regions were proposed by the Ministry of Health.

31. The MCH/FP service and IEC strategy would be adapted on the basis of findings from various surveys. USAID would fund a nationwide Demographic and Health Survey (DHS) at the beginning of its programme in 1993 and a follow-up DHS survey in 1996. Under the UNFPA MCH/FP project, and in collaboration with external assistance agencies and with ENSEA, maternal mortality surveys would be completed in urban areas and initiated in the rural areas of the south-west. The French Cooperation Agency project "Grand Abidjan" would fund various health and social studies as well as operational research.

32. A major effort would be made to develop intersectoral coordination among the ministries involved in UNFPA-supported activities, especially because of the expanded roles of certain ministries. The Ministry for Women's Promotion, for example, would play an important role in awareness creation and family planning motivation; it is even envisaged that Ministry staff in rural areas would assist in the community distribution of contraceptives. At the central level, the MCH/FP unit would have the essential task of coordinating activities with the USAID Health and Family Planning Project, the family planning component of which would support a contraceptive social marketing programme and NGO clinic services in family planning. Coordination would also be promoted with France, with the Belgian Cooperation project on STDs in the same area, and with the EC health programme in the south-west. Although the main geographical area of operation for UNICEF is in central Côte d'Ivoire, where the USAID project will be most active, cooperation of JCGP members would be organized for specific activities, such as water supply, sanitation and IEC with UNICEF, and school lunches and supplementary food at family planning clinics with WFP. In addition, community involvement with the activities of UNDP at the commune administrative level would be reinforced. UNFPA would provide a total amount of $2.4 million for the MCH/FP sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

33. The proposed IEC interventions would aim at: (a) promoting awareness and understanding of population and development issues among leaders in the Government and in business, religious, community and other influential groups; (b) enhancing the national capacity for coordinating, designing and implementing a national IEC strategy; (c) supporting, in liaison with service providers, increased demand for, and use of, family planning services; (d) collaborating with the United Nations system and bilateral agencies in support of research and other actions to improve communication practices, IEC messages and implementation of a national population communication strategy.

34. As family planning services are being initiated in the government sector and widely expanded in the private sector through AIBEF, supported by USAID, weaknesses in the IEC programme need to be overcome. This aim can be achieved by: (a) assisting in the establishment of a national population IEC coordinating unit within an appropriate national institution to carry out strategy development and message design and production; (b) supporting awareness-creation efforts through mass media and community groups, including radio talk shows, television features and theatre performances; and (c) collaborating in funding joint research on communication use, impact on the targeted public and the sociocultural orientation of message design.

35. Population education activities have been successful, and the Population Education Unit in the Ministry of Education has an enthusiastic and competent staff. The Minister of Education is highly supportive of the programme and its rapid expansion nationwide. Advances in curriculum development and training of trainers would permit the programme's expansion to secondary schools nationwide through the involvement of the 11 regional teacher training units. Steps would also be taken to initiate family life education in the

primary school system. UNFPA would provide $1 million for the IEC sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

36. The proposed programme would support the following data collection and analysis activities: (a) improving and refining knowledge about regional and national population trends so as to supply data for sectoral and regional planning; (b) improving understanding of population and development interrelationships to assist the formulation of a national population policy; and (c) promoting wide dissemination of data to decision makers and the public to create awareness and help them learn more about population issues. To these ends, the programme would support the following activities: (a) analysis of existing data as well as organization of surveys on specific issues, such as maternal mortality and morbidity rates, in conjunction with ENSEA; (b) the strengthening of selected regional departments of statistics as well as assisting the production of regional statistics and studies in support of the regional development policy; (c) implementation of preparatory activities for the third population census; and (d) support to the proposed survey on migration and urbanization. UNFPA would provide a total amount of $550,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

37. UNFPA assistance for population policy formulation would support the Population Unit and the reformulation of its activities to conform to a new political and social environment and to follow the guidelines of the Human Resources Development Policy. The main objectives would be to assist the country in formulating a population policy within three years and in developing, by the end of the fourth year, management tools and action programmes to implement this policy. The strategy to reach these goals would be to: (a) enhance the Population Unit's skills in analysing and forecasting population phenomena; (b) carry out an assessment of population issues and formulate regional strategies leading to a synthesis for a population policy statement; and (c) carry out research studies, set up a socio-economic data bank and develop a realistic population policy. A special sensitization programme should be undertaken for social and professional groups participating in policy formulation. The Population Unit, working closely with technical ministries and the National Institute of Statistics (INS) on research and the creation of a data bank, should coordinate these studies. UNFPA would coordinate its assistance with that of the World Bank, which initiated the Human Resources Development Policy with the Government. UNFPA would provide a total amount of $500,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

38. UNFPA assistance to the ENSEA training and research programmes in population activities over the period 1993-1996 would be pursued according to new guidelines. The number of fellowships would be reduced, with no more than 10 students receiving grants every year. In addition, the UNFPA programme would henceforth limit eligibility for the fellowships to Ivorian students; non-Ivorian counterparts would be supported by UNFPA or other assistance programmes based in their countries of origin. ENSEA is strengthening its capacity to conduct research, studies and surveys in the population field, which would allow the institution to win subcontracts while gathering information necessary to guide national policies or provide data for regional planning. For example, a socio-demographic survey is planned in the south-west where the Government plans to develop family planning services; the study would be done in conjunction with the French Scientific Research Institute (ORSTOM). Locally, research activities would be conducted in collaboration with the INS,

the Ivorian Centre of Economic and Social Research (CIRES) and the Institut d'Ethnosociologie (IES). UNFPA would provide a total amount of $600,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

39. The proposed programme would support the national strategy of the Ministry for Women's Promotion through: (a) developing a national plan of action combining the inputs of all partners, ministries, NGOs and external assistance agencies in a coordinated, effective fashion; (b) developing, through the existing field infrastructure of the Institute for Women's Training (IDEF), a regional capacity to solve women's problems; and (c) supporting various national projects to improve literacy among women, and informing them about population, health and environmental problems, to improve their own and their families' well-being.

40. Reflecting UNFPA's concern with the decentralization of activities in two or three regions, the proposed programme would support the creation of a regional infrastructure based on existing IDEF centres. It would also support research to identify income-generating activities that would be more productive than traditional women's cooperatives. On the basis of existing sectoral policies and new directions indicated by research, the programme would support the development of an integrated national plan of action to promote women, population and development. The programme would support training in family planning, management, IEC, a planning and evaluation seminar and sensitization campaigns, research, technical support by the United Nations Fund for Women (UNIFEM) or consultants, and necessary basic equipment. UNFPA would provide a total amount of $350,000 for this sector.

Programme reserve

41. An amount of $200,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

42. The Ministry of Economy, Finance and Planning is responsible for the coordination of programme activities. In the long run, a national board for population activities would be established to take over this responsibility. It would oversee the coordination of activities undertaken by technical ministries and by NGOs, with which UNFPA is planning to work closely in the fields of MCH/FP and the environment.

43. With respect to external assistance, the proposed programme would be coordinated with activities of USAID, European Community, France, Canada and other bilateral aid agencies participating in MCH/FP, AIDS prevention, data collection and research activities. UNFPA would also work with United Nations agencies and organizations, including UNDP, which has the same programming cycle (1993-1996), UNICEF, WHO and WFP in the framework of the JCGP; the Food and Agriculture Organization of the United Nations (FAO); the International Labour Organisation (ILO); the United Nations High Commissioner for Refugees (UNHCR); and UNDCP for sensitization on drug-related issues within the framework of population education activities. Coordination would also be promoted with financing institutions, such as the World Bank and the African Development Bank, in the sectors of health, population policy and the environment.

Programme monitoring, evaluation and management

44. The follow-up and evaluation of the proposed programme would be planned in collaboration with national counterparts, in accordance with UNFPA procedures. Baseline surveys would be carried out, if possible, before activities begin so that progress can later be assessed. The technical follow-up would be carried out by national staff and relevant national bodies. Ad hoc technical missions would be undertaken by UNFPA regional advisers, staff of United Nations execution agencies and experts from other external institutions. In conformity with UNFPA procedures, an annual report on both financial matters and operational activities would be prepared on each component. Annual tripartite reviews would also be conducted. At the beginning of 1995, UNFPA and the Government would organize a mid-term programme review. A PRSD mission would take place in 1996 to evaluate the 1993-1996 activities and to prepare the next programme. UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, including the UNFPA Country Support Team located in Dakar, Senegal.

Financial summary

45. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5.6 million over the four-year period 1993-1996, of which $4.9 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $700,000 from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The following table shows how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,200,000	200,000	2,400,000
Information, education and communication	900,000	100,000	1,000,000
Data collection and analysis	350,000	200,000	550,000
Population policy formulation	400,000	100,000	500,000
Population dynamics	500,000	100,000	600,000
Women, population and development	350,000	--	350,000
Programme reserve	200,000	--	200,000
TOTAL	4,900,000	700,000	5,600,000

V. RECOMMENDATION

46. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Côte d'Ivoire in the amount of $5.6 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $4.9 million from UNFPA's regular resources, over the period 1993-1996;

(c) Further authorize the Executive Director to seek to provide the balance of $700,000 of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Côte d'Ivoire and with the executing agencies.

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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Ethiopia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$19 million, of which $11 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Ethiopia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of External Economic Cooperation

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93-21602

Ethiopia

Demographic facts

Population (000)	
Total	49,831
Males	24,851
Females	24,980
Sex ratio (/100 females)	99.5
Urban	6,110
Rural	43,721
Per cent urban	12.3
Population in year 2000 (000)	67,173
Functional age groups (%)	
Young child: 0-4	19.2
Child: 5-14	26.6
Youth: 15-24	18.8
Elderly: 60+	4.6
65+	2.9
Percentage of women aged 15-49	44.0
Median age (years)	17.1
Dependency ratios: total	94.7
(/100) Aged 0-14	89.1
Aged 65+	5.6
Agricultural population density (/hectare of arable land)	2.8
Population density (/sq. km.)	41

Average annual change (000)	
Population increase	1,642
Births	2,647
Deaths	996
Net migration	-9
Annual population total (% growth)	3.05
Urban	4.81
Rural	2.57
Crude birth rate (/1000)	49.1
Crude death rate (/1000)	18.5
Net migration rate (/1000)	-0.2
Total fertility rate (/woman)	7.00
Contraceptive prevalence rate (% 15-44)	3
Gross reproduction rate (/woman)	3.45
Net reproduction rate (/woman)	2.41
Infant mortality rate (/1000)	122
Maternal mortality rate (/100,000)	694
Life expectancy at birth (years)	
Males	45.4
Females	48.7
Both sexes	47.0
GNP per capita (U.S. dollars, 1990)	120

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $19 million, of which $11 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Ethiopia in achieving its population and development objectives. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed Third Country Programme (1993-1997) is based on: the priorities of the Government's New Economic Policy (1991) and the draft national population policy; the findings and recommendations of the 1992 Programme Review and Strategy Development (PRSD) exercise; extensive consultations with government officials; and discussions with representatives of the United Nations and multi- and bilateral organizations, plus non-governmental organizations (NGOs). The proposed programme would also be guided by the Kilimanjaro Plan of Action for African Population and Self-Reliant Development (1984), the Amsterdam Declaration (1989) and the UNFPA Strategy of Assistance to sub-Saharan Africa (DP/1987/37).

3. The overall objective of the proposed programme is to assist the Government to strengthen and advance the national population programme, building on the achievements of UNFPA's second programme of assistance (1987-1992). The specific objectives of the proposed programme are to: (a) develop and implement the National Population Policy and a comprehensive Plan of Action; (b) strengthen, expand and improve the quality of maternal and child health and family planning (MCH/FP) services to reduce maternal mortality and morbidity and infant mortality; (c) increase the contraceptive prevalence rate from 4 to 12 per cent, reduce the total fertility rate from 7.0 to 6.5 children per woman, reduce the maternal mortality rate from an estimated 700 per 100,000 live births to below 500 per 100,000, and decrease adolescent pregnancies; (d) develop and implement a comprehensive national population information, education and communication (IEC) programme; (e) strengthen the national capacity for conducting population research and for integrating population data and information into development planning; (f) promote human resources development to increase self-reliance in the design, management and evaluation of population programmes; (g) improve the status of women and augment their participation in the development process; and (h) increase knowledge and awareness of the interrelationships between population, development and the environment.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. The population of Ethiopia is currently increasing by about one million persons every seven to eight months. Ethiopia is the second most populous country in sub-Saharan Africa. The total population, estimated at 19.6 million in 1950, had reached 53 million by mid-1992. The latest estimates from the Central Statistical Authority of Ethiopia indicate a total population of over 55 million; (United Nations estimates can be found in the demographic data sheet on page 2). With a population growth rate of 2.9 per

cent a year, it is expected that by the year 2000 the population will number 67.2 million, reaching 130.7 million by 2025. The total fertility rate is more than 7.0 children per woman (7.5 according the Central Statistical Authority). The infant mortality rate is estimated at 132 per 1,000 live births. Estimates of maternal mortality indicate a rate from 700 to 2,000 per 100,000 live births, one of the highest in the world. Since 1986, human immunodeficiency virus (HIV) infection and AIDS have become a serious public health problem.

6. Social and economic factors. Access to health services is very low; about 40 per cent of the population lives within 10 kilometres of a health unit. The health infrastructure is made up of health stations (2,250), health centres (160) and rural, regional and central hospitals (88). According to a 1989 Ministry of Health report, there are about 34,400 people per doctor, 15,300 per nurse and 5,100 per health assistant. These health personnel tend to be concentrated in the higher level facilities and urban areas. Only 51 per cent of all government health facilities provide family planning services due to a lack of trained personnel.

7. The 1990 Family and Fertility Survey indicated that among reproductive age women a gap exists between awareness of family planning methods (62 per cent) and the use of contraceptives, which is very low at 4 per cent. While information is insufficient, it unquestionable that many adolescents are sexually active. A 1990 study of 859 urban young people showed that 44.8 per cent of girls had their first pregnancy between the ages of 14 and 17; the median age for first sexual contact was about 16.5 years.

8. Ethiopian women have little access to health care, education and employment opportunities. Although women have a higher life expectancy (49 years) than men (46 years), sociocultural factors make them vulnerable to health risks. A woman's married and reproductive roles often start between the ages of 12 to 14. Although female participation in education has improved since 1974, male enrolment exceeds that of females at every level, except for beginning literacy classes. In 1989, girls made up approximately 40 per cent of enrolment at the primary and junior level and 30 per cent at the secondary level. At the higher levels of education, women constituted 8.2 per cent of undergraduate and 6.4 per cent of graduate students.

9. About 49.7 per cent of women live in rural or nomadic communities. Rural women are responsible for 50 per cent of subsistence agricultural production and contribute to household income by conducting trade at local markets. Women comprise about 55.5 per cent of the urban population. About 50 per cent of urban women are migrants, one third of whom are single, divorced or widowed; these women constitute the majority of the urban population engaged in the informal sector.

10. Land degradation, rapid population growth and a skewed population distribution present tremendous challenges to sustainable development. High human and livestock densities and primitive technology have contributed to severe environmental degradation in the highlands, which is where the population and most economic activity is centred. The lowlands have experienced severe desertification, loss of topsoil and grazing land as well as the depletion of water resources. A significant part of the country had been covered by forests; only 4 per cent is wooded today, while the semi-desert area has almost tripled in recent years. Twenty-three per cent of the land is now classified as unusable. This pattern has clear linkages with population pressure. Degradation of crop-producing soils has serious implications for food production and nutritional standards: average caloric intake in Ethiopia is only 67 per cent of daily requirements. The Government is taking policy initiatives to reverse the ecological decline.

11. The Ethiopian economy has been deteriorating as a consequence of inadequate economic policies and war. With a per capita gross national product (GNP) of $120 per capita (1990), Ethiopia is one of the ten developing countries with the largest number of poor persons: according to UNDP, 2.5 per cent of the total

world poor live in Ethiopia. Worsening unemployment is combined with a decline in the quality of education, reduction in school enrolment, and a deterioration in the coverage and quality of health care. Moreover, the age structure of the population fosters consumption rather than economic production: 46 per cent of the population is under 15 years of age.

12. Policy framework. The Transitional Government of Ethiopia took power in May 1991. It immediately embarked on the implementation of the Charter, a programme for the administration and management of government processes until elections can be held. The Charter provides for the devolution of authority and decentralization of decision-making to the 14 regions of Ethiopia. In November 1991, the Government approved the Economic Policy, which recognizes the need for "a population policy which ensures a balance between rates of population and economic growth." An Inter-Ministerial Technical Committee was appointed to revise the draft population policy inherited from the previous Government and to advise on the institutional structures needed to implement and monitor the national population programme. The draft policy has as its major goal the harmonization of the rate of population growth and the capacity of the country for the development and rational use of its natural resources. Specific objectives include: (a) reducing the total fertility rate to 4.0 children per woman by the year 2015; (b) reducing the high rates of maternal, infant and child morbidity and mortality; (c) improving the status of women; and (d) ensuring a population-environment balance.

III. REVIEW OF UNFPA AND OTHER DONOR ASSISTANCE TO DATE

13. Prior to the first comprehensive programme of assistance to Ethiopia, UNFPA provided support to Ethiopia for a sample survey and a population law project in 1973 and a census mapping project in 1980. Following a needs assessment mission in 1980, the first comprehensive programme was approved by the Governing Council in 1981 in the amount of $16 million for the period 1982-1986; upon review of the Fund's total programme, this was later reduced to $9.2 million. This assistance was used to strengthen the MCH/FP programme implemented by the Ministry of Health; to incorporate population messages into the national literacy campaign; to assist the Government in implementing the 1984 national census; and to establish the Demographic Training and Research Centre at the University of Addis Ababa.

14. A needs assessment review and a programme development mission were undertaken in 1986. Following extensive consultations with the Government of Ethiopia, a second programme of assistance was approved by the Governing Council in June 1987 for $10 million (1987-1991). It was later extended for one year in order to synchronize the programme cycles of UNFPA and UNDP.

15. The primary achievement of the second country programme was to significantly increase the awareness of policy makers and planners of the interrelationships between population issues and national development efforts. A framework to integrate population into development planning was institutionalized, and a draft population policy formulated. In addition, the national capacity to develop and manage a national MCH/FP programme was strengthened. Delivery of family planning services was improved and expanded. Measures were initiated to integrate population and family life education components into the curricula of secondary schools, agricultural colleges and adult literacy programmes. A population information centre was established at the Ministry of Information. A population analysis and studies centre was instituted at the Central Statistical Authority. This centre conducted in-depth analyses of the census results and undertook population and demographic research. Academic institutions were assisted to continue population training and research programmes for government officials and on women, population and development. Steps were taken to increase awareness of the impact that population growth has on the environment.

16. The programme faced a number of constraints, including the acceleration of the civil war and the deterioration of the security situation that resulted in a lower than expected implementation rate. Other constraining factors were the turnover in management and administrative personnel due to the change of Government in 1991, the scarcity of trained and experienced nationals, and the weakness of the infrastructual systems needed to support programme operations.

Maternal and child health and family planning

17. Since 1981 UNFPA has been the principal donor to the national family planning programme. The main objectives of the MCH/FP programme have been to expand integrated MCH/FP service delivery by enhancing the management capacity of the Ministry of Health, providing contraceptive supplies and generating public demand. During the period of the second country programme, the management of family planning services at the central level was strengthened. A separate Family Planning Division within the Ministry of Health has been established. The supply and distribution of contraceptives has greatly improved. As a result, the contraceptive prevalence rate has risen from 1.5 per cent to 2.1 per cent in rural areas and from 2.5 per cent to 14.6 per cent in urban areas. The number of health facilities that provide family planning services has markedly increased since 1988, especially the number of health stations, rising from 629 to 1,140. In-service training in family planning methods has been provided for doctors, nurses and health assistants. Training has also been provided to about 12,000 traditional birth attendants (TBAs) and community health assistants. Improvements have been made in the management information system in collecting and reporting of data.

18. In 1989 UNFPA, the Ministry of Health and the Japanese Organization for International Cooperation in Family Planning (JOICFP) embarked on a pilot project to integrate provision of family planning services, health education and parasite control for primary school children and women of reproductive age. These efforts have been implemented in selected rural and urban areas. As indicated above, Ethiopia has one of the highest maternal mortality rates in the world. In 1989 UNFPA funded a three-day seminar on Safe Motherhood that adopted 23 recommendations for action. UNFPA is working with the Transitional Government to implement these recommendations as a way to reduce maternal mortality. UNFPA has provided support to the Department of AIDS Control in the Ministry of Health. Two million condoms provided by UNFPA through the MCH/FP programme have been distributed as part of the AIDS prevention campaign. IEC activities supported by UNFPA have been used as channels for AIDS education messages.

19. The main constraints in the MCH/FP programme have been inadequate training methodology; low motivation in service delivery; limited counselling by the service providers; insufficient programme supervision at regional and district levels; inadequate data on contraceptive use; lack of analysis and interpretation of available data at all levels; and poor management information and logistics systems. Further strengthening of management (particularly of supervisory) capabilities is still required.

Information, education and communication

20. Significant attention has been given to IEC activities. Five major IEC initiatives were implemented to provide population and family life education in the formal and non-formal sectors and to provide IEC support for the MCH/FP programme. UNFPA's support for IEC activities has included assisting the Ministry of Health to institutionalize IEC activities as an integral part of its MCH/FP programme and the Ministry of Information to develop mass media programmes on population and development. The capacities of both ministries have been strengthened in their ability to produce and deliver IEC messages and materials and to effectively implement mass media population programmes. Media coverage of population issues has increased.

Greater production and wider distribution of IEC materials are still required to reach people at the grass-roots level to induce the behavioural and attitudinal changes that will have an impact on Ethiopia's population growth rate. Training of family planning service delivery staff in communication skills is critically required.

21. To institutionalize population in family life education in post-literacy classes and to reach listeners of educational radio, assistance was provided to enhance the capacity of the Ministry of Education in the production and dissemination of IEC materials and messages. At the central level progress has been made in production of broadcast programmes and the post-literacy newsletter. Activities at the regional level however have been limited due to instability in rural areas. Funding for this project was provided from extrabudgetary resources of the Governments of Italy and Norway in addition to UNFPA regular resources; UNESCO provided technical advisory support.

22. The groundwork for institutionalizing population and family life education in the school system has been successfully completed by the Government, with UNESCO technical support. Population and family life education has been integrated into the curricula of three core subjects in twenty secondary schools (initial plans only called for ten schools). Population and family life education was also introduced into the curricula of two junior agricultural colleges, with technical assistance from the Food and Agricultural Organization (FAO) of the United Nations. In-service and pre-service training for faculty members, agricultural and development extension workers and teachers of agriculture in secondary schools has been organized.

23. The IEC programme has contributed to a major positive shift in official attitudes towards population as an integral part of national development efforts. Consequently, high-level political commitment has been given to formulating a population policy plus a strategy and action plan for its implementation. The IEC programme has generated greater public awareness on the interrelations of population growth and development efforts, resulting in a more open discussion of population issues, including family planning.

24. Despite these achievements, IEC activities, have not, however, been part of a comprehensive social mobilization strategy or linked with service delivery systems. Efforts directed towards potential family planning users are inadequate. A comprehensive and coordinated national population IEC strategy and action programme aimed at creating demand and motivation for family planning use has not yet materialized in spite of several initiatives undertaken jointly by the Government and UNFPA.

Data collection and analysis

25. During the second country programme UNFPA assistance focused on two activities: completing the processing of 1984 census data and implementing a demographic survey. Support for technical advisory services and equipment enabled the Government to continue the processing of data from the 1984 national population census. The Central Statistical Authority, with technical assistance from the United Nations Department of Technical Cooperation for Development, has undertaken a Family and Fertility Survey -- the first of its kind in Ethiopia. Its objective is to conduct a detailed national study of family formation patterns as well as of the behaviour, attitudes, values and opinions of Ethiopians regarding fertility and family planning.

Population policy formulation

26. Due to the shortage of information and human resource inputs at the beginning of UNFPA's second programme, population policy formulation developed more slowly than was originally envisaged. By 1990, however, official commitment for formulation of a population policy and action plan was impressive. The

Population and Development Planning Unit (PDPU) was established at the Ministry of Planning and Economic Development, with technical assistance by the International Labour Organisation (ILO). The PDPU organized a National Conference on Population Issues in Ethiopia's National Development and a National Workshop on Population Policy Implementation as well as aiding other ministries in organizing workshops and seminars on population issues. The PDPU was instrumental in assisting the previous Government to draft a National Population Policy, which was ready for approval when the change in government occurred in May 1991. The new Economic Policy adopted in November 1991 stressed the need for a National Population Policy, thereby reactivating the formulation process.

Population dynamics

27. In order to formulate a population policy and programme for Ethiopia it was necessary to carry out further analysis of the census and other existing data and to undertake new studies. Thus, support was channeled for establishing the Population Analysis and Studies Centre within the Central Statistical Authority and for strengthening the Demographic Training and Research Centre at the University of Addis Ababa. During its four years, the Population Analysis Studies Centre has published 41 reports on population in Ethiopia and has significantly contributed to the policy and planning processes by analysing the results of the 1984 Census and the Family and Fertility Survey. The Demographic Training and Research Centre, established in 1985 with UNFPA assistance, offers training at undergraduate and graduate levels in demography, population and development issues. The Centre has also conducted in-service training on population for senior and middle-level national staff and has organized workshops and conferences on population and development issues. It has produced about 40 research works on population subjects. The Centre staff are assisting the Transitional Government in drafting the national population policy.

28. During the second country programme, a total of 12 government officials and university staff were trained abroad in population-related areas while three staff members of the Central Statistical Authority were trained at the M.Sc. level. These achievements were tempered, however, by the number of staff members who did not return from external training. The PRSD mission pointed out the need for further institutional and human resource development in demographic data collection and analysis.

Women, population and development

29. During the second country programme, support was provided for the establishment of the Centre for Research, Training and Information on Women in Development at the University of Addis Ababa. Its objective is to assist the Government in formulating policies to advance the integration of women in the development process by helping to generate and disseminate data and by organizing workshops for sensitizing officials on women, population and development issues. The Centre has fostered the participation of women in seminars and training programmes and works to ensure that data collection is gender-sensitive.

Special programmes

30. Another initiative under the second country programme was the Survey of Adolescent Fertility, Reproductive Behaviour and Employment. This project was implemented by the Ministry of Labour and Social Affairs with ILO technical assistance. The objectives of the survey were to create a capacity within the Ministry to produce a database on urban youth, including adolescent fertility and reproductive behaviour, and to generate awareness among planners and policy makers about the problems of these youth.

31. UNFPA support was provided for several efforts in the area of population and the environment. National and international experts were funded to assist the Government in conducting seminars; reviewing ideas for potential projects; incorporating population into the national report to the 1992 United Nations Conference on Environment and Development; and undertaking studies.

Other external assistance

32. UNFPA has been the main donor in providing assistance to Ethiopia for population activities. Other donors active in the population field include the World Bank and the World Health Organization (WHO), which are helping to strengthen the institutional capacity of the Ministry of Health and to improve the quality and coverage of MCH programmes. The International Planned Parenthood Federation, with its national affiliate, the Family Guidance Association of Ethiopia (FGAE), supports programmes to train Ministry of Health workers in family planning service delivery, contraceptive technology and IEC activities. The British Overseas Development Administration (ODA) and Population Concern fund the training of rural women as development agents (a project implemented by FGAE) and support a contraceptive social marketing programme for family planning and AIDS prevention. The Swedish International Development Agency (SIDA) and such international NGOs as Pathfinder International and the Association for Voluntary Surgical Contraception are working with the FGAE to expand MCH/FP services. Marie Stopes International operates a clinic in Addis Ababa and conducts health and family planning education campaigns. The Rockefeller Foundation is supporting a study on HIV prevalence among women and the risk of perinatal transmission. Population Services International is carrying out a social marketing programme for condoms.

IV. PROPOSED PROGRAMME 1993-1997

33. The Ethiopian Government is in the process of instituting major political and administrative reforms, including democratization and decentralization of decision-making. This restructuring, coupled with the imminent adoption of a National Population Policy, the greater recognition of the role that women play in national development, and the awareness of the impact of population on environmental degradation, offers an historic opportunity for the advancement of population issues and the further integration of population and development planning at all levels.

34. The Government has adopted a national strategy to achieve its population goals. This strategy includes: (a) formulating a population policy and plan of action, and developing the institutional structures to implement the policy and action plan; (b) strengthening family planning service delivery and diversifying contraceptive options; (c) promoting population IEC and encouraging social mobilization; and (d) fostering human resource development.

35. The objectives of the proposed programme are detailed in paragraph 3 above. To achieve these objectives, the programme strategy would encompass the following components: (a) strengthening institutions at national and regional levels so that they can effectively implement and monitor the national population policy and programmes; (b) improving the quality, coverage, outreach and management of family planning services by training administrative staff and service providers; (c) assisting the Ministry of Health to prepare technical guidelines to diversify family planning options and to promote an environment conducive to NGO participation in family planning service delivery; (d) strengthening population IEC activities by formulating and implementing coordinated national and regional multisectoral, multi-media IEC strategies, based on relevant sociocultural research; and (e) large-scale training of staff in all programme sectors.

Maternal and child health and family planning

36. High rates of maternal and infant mortality and adolescent pregnancy are serious problems. Attacking these problems is hampered by the inadequate level of MCH/FP services. An estimated 20 per cent of the population has ready access to family planning services, and the quality of these services is low. The result is that while 25 per cent of women would prefer to postpone the birth of their next child, only 4 per cent use modern family planning methods.

37. The following activities would be accorded priority within the UNFPA-funded programme: (a) strengthening human resource development and institution building to carry out a decentralized family planning programme; (b) continuing and expanding existing MCH/FP delivery systems to meet unmet and newly-generated family planning needs; (c) improving the quality of MCH/FP services; (d) increasing in-service training of staff to take care of the training backlog so as to offer family planning services in all government health facilities; (e) incorporating family planning (including counselling and communication skills) in the curricula of teaching institutions for doctors, nurses and nurse/midwives; (f) reducing maternal mortality by following the Safe Motherhood/risk approach; (g) developing effective management information and logistics systems; and (h) collaborating with other institutions to initiate a community-based distribution programme.

38. To achieve an increase in the contraceptive prevalence rate from 4 per cent to at least 12 per cent by 1997, the number of contraceptive acceptors would need to rise from 300,000 in 1993 to 517,000 in 1997. More than $10 million would be required to supply contraceptives during this five-year period. UNFPA intends to collaborate with multi- and bilateral organizations and NGOs to meet these contraceptive needs.

39. Focusing on the high levels of maternal mortality and morbidity, the Ministry of Health, with UNFPA financial assistance, organized a National Seminar on Safe Motherhood in September 1989. Financial and technical assistance is proposed to assist the Government to develop and implement a Safe Motherhood Plan of Action. UNFPA would collaborate with UNICEF, WHO and UNDP in this effort.

40. Further studies on adolescent behaviour would be undertaken in order to design more effective IEC messages for youth. Population and family life education components would be incorporated into the women in development and youth activities undertaken in collaboration with the Joint Consultative Committee on Policy (JCGP). In cooperation with UNICEF, UNFPA would provide for counselling and family planning services at sites accessible to adolescents and for population training for youth leaders.

41. Health education campaigns on high risk behaviour, timely counselling and provision of contraceptive services are needed to control the transmission of HIV/AIDS. Strategies and activities designed to prevent the transmission and spread of infection would be incorporated into MCH/FP and IEC activities. It is also proposed that UNFPA assistance be provided to distribute 2 million condoms annually to the Department for Aids Control through the MCH/FP programme.

42. The current management information system (MIS) does not readily permit analysis of collected data for planning and decision-making. UNFPA assistance would assist the Ministry of Health in establishing an effective MIS so that service statistics can be re-oriented to serve programme administrative needs.

43. UNFPA proposes to provide a total amount of $9 million for MCH/FP activities, of which $3 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

44. Development and implementation of a multisectoral, multi-media IEC strategy would be crucial to the achievement of the objectives of the national population policy once it has been adopted. Financial support is proposed to assist the Transitional Government in formulating this IEC strategy. The proposed IEC strategy would include: (a) joint inter-ministerial workshops for strategy development, ensuring consistency in material production, field pre-testing, and complementarity of contents; (b) production of radio messages and dramatic performances to focus on key population issues; (c) developing interpersonal communication capacities of health education agents, family planning providers, agricultural extension workers and other development workers; (d) segmentation of audiences, focusing on certain groups such as out-of-school youth and the armed forces in developing appropriate messages; (e) conducting sociocultural research to support the design of population messages.

45. In order to carry out these strategies, UNFPA would provide financial support for: (a) strengthening the national institutions participating in the IEC strategy through staff training and fellowships; (b) developing a national capacity for creation of persuasive messages and for implementing media campaigns; (c) training in counselling and interpersonal skills for MCH/FP service delivery and extension workers; (d) utilizing traditional media to sustain population awareness and advocacy; (e) developing materials and activities to sensitize policy makers, opinion leaders and public officials; (f) extending the population and family life education curricula to all agricultural colleges; (g) incorporating population and family life education into food-for-work schemes for soil conservation and afforestation programmes, in cooperation with the World Food Programme; (h) introducing the population and family life education curricula for grades 7 and 8 already tested in twenty schools on a national basis; (i) developing and testing population and family life education materials for all remaining grades in the primary and secondary levels as well as introducing population and family life education in teacher training institutions and providing in-service training for teachers. Production of education materials and training of teachers would require the mobilization of resources from the international community; UNFPA intends to work with the Transitional Government to obtain and coordinate resources for this effort.

46. UNFPA proposes to provide a total of $2.9 million for population IEC activities, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

47. Reliable statistical data for planning is a priority of the Government. If it is to achieve its goals of administrative decentralization, regional planning and programme implementation, significant quantities of population data would be required. In addition, sociocultural research and knowledge, attitude and practice (KAP) surveys are needed to support policy and programme implementation. The 1994 Population and Housing Census will be a major task during the period of the proposed programme. Massive population shifts after the 1984 census underscore the importance of the 1994 census. The current dire economic constraints of Ethiopia require that major external contributions be mobilized for this endeavour. The donor community has been very sympathetic, expressing willingness to assist the Government. At government request, UNFPA has discussed the coordination of assistance with several potential donors, and a meeting of donors is planned to formalize commitments. UNFPA proposes to provide a total of $5 million for data collection and analysis activities, of which $4 million would be sought from other sources, including multi-bilateral sources.

Population policy formulation

48. The creation of an institutional structure for national policy and programme development is one of the most immediate priorities of the population strategy. Once the National Population Policy is promulgated, attention should focus on the coordinating mechanisms for planning, implementing and monitoring a comprehensive national population programme. Funding would be provided to assist the Government to establish a National Population Council. Resources would be required for technical advisory services, staff training in population policy and programme implementation, and equipment for appropriate central and regional institutions. UNFPA proposes to provide a total of $900,000 for population policy formulation activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Population dynamics

49. As capacity building would continue to be a central component of the programme strategy, support for the ongoing undergraduate and graduate level training and research programmes in population and demography of the Demographic Training and Research Centre would be continued. The Population and Development Planning Unit, the Demographic Training and Research Unit and the Population Analysis Studies Centre are to assist the Government in formulating a national population research strategy. An inter-institutional research programme would be developed to support policy formulation, implementation and evaluation. Financial assistance would be provided to promote interdisciplinary and operational research, including sociocultural research, in support of the national population programme.

50. Financial assistance would also be provided for staff training. In-service training would be supported for planners and managers, in both central and regional administrations, in order to improve implementation of population programmes. Priority would be given for fellowships at national institutions, whenever feasible.

51. UNFPA proposes to provide a total amount of $600,000 in the area of population dynamics, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

52. UNFPA assistance is proposed for: (a) continuing institutional support to the Centre for Research, Training and Information on Women and Development; (b) strengthening government units and NGOs that promote women's issues through staff training and technical assistance for research so that population and family planning are included in the formulation and implementation of a policy on women; (c) conducting IEC awareness creation activities on gender issues for policy and opinion leaders; (d) training to enable women to assume professional roles in the national population programme; (e) incorporating population and family life education components into women's projects supported by JCGP efforts; (f) initiating a pilot project for population and family life education counselling for both men and women entering the University of Addis Ababa. UNFPA proposes to provide a total of $600,000 for women, population and development activities, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Special programmes

53. The Government is developing a Natural Conservation Strategy that is expected to emphasize the need for studies on population and environment issues and for programmes to improve public awareness, especially among women, of environmental issues. UNFPA would work closely with the Transitional Government to

ensure that population and environment linkages are sufficiently addressed within the proposed strategy, and would assist the Transitional Government in carrying out appropriate studies and awareness creation seminars to inform policy makers and planners as well as the general public on these linkages. Information on these linkages will also be integrated into sectoral activities supported by the proposed programme.

Programme coordination

54. Increased coordination of population activities is essential in the next years as more donors are expected to become active or increase their contributions in Ethiopia. UNFPA would continue to cooperate with the Government in coordinating these efforts. At the same time, specific assistance would be provided to the Ministry of External Economic Cooperation to strengthen its capacity to deal with population-related programmes. Consultations with interested donors are currently taking place to ascertain interest in multi-bilateral programmes and to foster coordination.

55. Increased coordination within the United Nations system is being actively pursued. The synchronization of the UNDP and of the UNFPA assistance programmes has been the starting point for such coordination. Within the programme areas in UNDP's proposed fifth country programme, a number of possibilities for integration and cooperation with UNFPA activities have been identified, in particular, in areas addressing the population-resource balance and in human resources development. A document outlining specific proposals has been prepared and is under discussion in the UNDP and UNFPA Field Offices. WHO is assisting the Ministry of Health to assess the health situation at regional levels to establish the basis for the decentralization of health services. Close consultation would be maintained between WHO, UNICEF and UNFPA to improve support to MCH/FP activities and to expand the coverage and quality of these programmes within the primary health care system. The areas of logistics, training and IEC support have been identified as areas for closer cooperation between UNICEF and UNFPA. Since 1988 members of the JCGP have been cooperating in the area of women and development by setting up joint working committees to foster joint programmes, and a joint consultancy mission on women in development was commissioned in 1991.

Programme monitoring, evaluation and management

56. The Transitional Government has indicated a preference for national execution and the use of nationals to manage and implement development assistance programmes and projects, especially those funded by the United Nations and other multilateral agencies. The scarcity of trained nationals and the absence of sufficient national institutions to backstop projects have proved to be major restraints. Efforts would continue to be made in collaboration with other agencies, especially UNDP, to upgrade government capacity, train programme managers and implementors, and establish mechanisms for systematic programme monitoring and evaluation. Established practices for the monitoring and evaluation of UNFPA-funded activities, such as tripartite review meetings, annual programme reviews and annual country reviews, would be consistently applied. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA country support team located in Addis Ababa.

Financial summary

57. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $19 million over the five-year period 1993-1997, of which $11 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $8 million from a combination of UNFPA regular resources

and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	6,000,000	3,000,000	9,000,000
Information, education, Communication	2,400,000	500,000	2,900,000
Data collection and analysis	1,000,000	4,000,000	5,000,000
Population policy formulation	700,000	200,000	900,000
Population dynamics	400,000	200,000	600,000
Women, population and development	500,000	100,000	600,000
TOTAL	11,000,000	8,000,000	19,000,000

VI. RECOMMENDATION

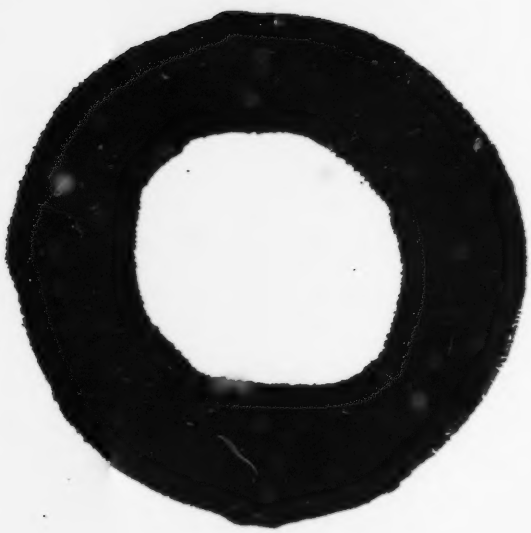
58. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Ethiopia in the amount of $19 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $11 million from UNFPA's regular resources, over the period 1993-1997;

(c) Further authorize the Executive Director to seek to provide the balance of $8 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Ethiopia and with the executing agencies.



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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Guatemala
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.5 million, of which $2 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1994
Executing agencies:	Government of Guatemala United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	General Economic Planning Secretariat (SEGEPLAN) Ministry of Foreign Affairs

/...

Guatemala

Demographic facts

Population (000)	
Total	9,197
Males	4,647
Females	4,551
Sex ratio (/100 females)	102.1
Urban	3,628
Rural	5,569
Per cent urban	39.4
Population in year 2000 (000)	12,222
Functional age groups (%)	
Young child: 0-4	17.5
Child: 5-14	28.0
Youth: 15-24	19.5
Elderly: 60+	5.1
65+	3.2
Percentage of women aged 15-49	44.6
Median age (years)	17.1
Dependency ratios: total	94.6
(/100) Aged 0-14	88.4
Aged 65+	6.2
Agricultural population density (/hectare of arable land)	3.4
Population density (/sq. km.)	84

Average annual change (000)	
Population increase	285
Births	383
Deaths	76
Net migration	-22
Annual population total (% growth)	2.88
Urban	3.88
Rural	2.20
Crude birth rate (/1000)	38.7
Crude death rate (/1000)	7.7
Net migration rate (/1000)	-2.3
Total fertility rate (/woman)	5.36
Contraceptive prevalence rate (% 15-44)	23
Gross reprdouction rate (/woman)	2.61
Net reproduction rate (/woman)	2.31
Infant mortality rate (/1000)	48
Maternal mortality rate (/100,000)	76
Life expectancy at birth (years)	
Males	62.4
Females	67.3
Both sexes	64.8
GNP per capita (U.S. dollars, 1990)	..

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.5 million, of which $2 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1994, to cooperate with the Government of Guatemala in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme was formulated jointly by the Government and UNFPA. It is based on the social development priorities established in the Economic and Social Policy of the Government for the Period 1991-1996 and in the Action Plan for Social Development 1992-1996, 1997-2000 (PLADES). The programme also takes into account the recommendations of the Programme Review and Strategy Development (PRSD) mission to Guatemala of May-June 1992. The United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF) were consulted in the formulation of the proposed programme with a view to establishing areas of complementarity and collaboration between the programmes.

3. The programme would pursue three long-range objectives: (a) the development of a comprehensive population programme legitimated by a population policy and integrated into overall government activity; (b) the provision of full access to the necessary knowledge, information and services for the exercise of the principle of "responsible parenthood and the right of individuals to decide freely the number and spacing of their children", as stated in the Constitution; and (c) the important participation of women in all population activities.

4. All projects in the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. The population of Guatemala is estimated at 9.2 million, of whom 5.6 million, or 61 per cent, are rural. Average population density is 84 per square kilometre; population concentrations are highest in the mountainous centre of the country and progressively lower in the southern coast, the eastern region, and the tropical rain forest of the north. Estimates of the indigenous population, a majority of whom are engaged in agriculture, range from 43 to 55 per cent and more of the total population.

6. Demographic trends. Demographic indicators for Guatemala reveal a late demographic transition relative to that in most Latin American countries. Between 1950 and 1990, the crude death rate fell from 22 to 8 per 1,000, and the crude birth rate from 51 to 38 per 1,000. Total population increased from 3 million in 1950 to more than 9 million at present, and is projected to reach 12 million in the year 2000 and 21.7 million in 2025. As a consequence of population growth, population density in rural areas has increased; migration towards the southern coast and towards El Peten, the tropical forest region in the north, is growing; and deterioration of the environment is occurring in a number of areas.

7. Life expectancy increased from 42 years in 1950 to 62 years in 1990, and is expected to be 67 years in 2000. The percentage of population under age 15, 45 per cent at present, is slowly declining. Infant mortality fell from 140.5 per 1,000 live births in mid-century to 54 per 1,000 live births in 1990, with 40 per 1,000 live births estimated for the year 2000. The main causes of infant deaths are diarrhoea, respiratory infections, peri-natal diseases and undernourishment. Maternal mortality was estimated in 1989 at 248 per 100,000 live births. An estimated 70 per cent of maternal deaths occur in rural areas.

8. The total fertility rate fell from 7.0 to 5.4 children per woman between 1950 and 1990. This moderate decline conceals broad rural-urban and social differences; for example, the rates were 7.6 among the rural poor and 2.8 among the urban non-poor; 1.9 among university-educated women, 3.0 among the high-school educated, and 7.0 among illiterate women; 4.0 among economically active women and 7.0 among those outside the labour force. A 1987 study revealed that 47 per cent of women of child-bearing age and in marital union wanted no more children, an additional 27 per cent wanted to space pregnancies two or more years, and 70 per cent of those interviewed knew of at least one modern contraceptive method. Yet contraceptive prevalence was 23 per cent, with a range from 10 per cent among women without schooling to 60 per cent among those with at least a secondary education.

9. Economic and social situation. In 1990, gross domestic product per capita ($940 according to the Government's estimate) was 18 per cent lower than it was in 1980. External indebtedness had doubled and unemployment had tripled during the decade, by the end of which 76 per cent of households lived in poverty and 54 per cent in extreme poverty. The indigenous population was the most affected. In addition, reductions in public spending in the social sectors increased the deficits in services to poor rural and urban populations, and armed conflict caused population displacements, internally as well as towards neighbouring countries.

10. Illiteracy is 46 per cent among the poor and 21 per cent among the non-poor. However, 54 per cent of the rural poor are illiterate, compared with 10 per cent of the urban non-poor. It is estimated that approximately 60 per cent of illiterates are women; of these illiterate women, 72 per cent are indigenous and 25 per cent are non-indigenous.

11. The Ministry of Health and Social Welfare is the normative centre of the health system. Of the approximate half of the population covered by health services, the Ministry reaches 25 per cent; NGOs and the private sector, 48 per cent; the Guatemalan Social Security Institute (IGSS), 25 per cent; and the military, 2 per cent. Health services, which are primarily curative, are concentrated almost exclusively in urban areas. Of the five million people with no access to health services, three million are women of reproductive age and children. A total of 40 per cent of women deliver their first child before age 19. Only 20 per cent of all deliveries take place in health institutions.

12. Although fewer than 300 cases of AIDS have been documented, a programme of prevention has been developed, and initial contacts have been made to develop collaboration among the public, private and non-governmental organization (NGO) sectors.

13. Policy and institutional framework. The Government's economic and social strategies include macroeconomic adjustment and stabilization policies cushioned by social compensation measures that give priority to the most vulnerable groups, such as women and children, and to the poorer areas, i.e., rural and urban marginal areas. Although the corresponding overall plans and programmes do not explicitly consider population, the National Maternal and Child Health Plan 1992-1996 contains targets for reducing fertility, maternal mortality and abortion rates. The Constitution recognizes the principle of responsible parenthood and establishes the individual right to decide freely the number and spacing of one's children. There is also

heightened population awareness among a number of opinion leaders, including members of the Intersectoral Commission on Population Education, which was created as a result of discussions on population education initiated by the Ministry of Education. The commission, which involves a wide spectrum of sectors and opinions, has formally urged the Government to formulate a population policy.

14. In the absence of a population policy, there is no institutional centre for decision-making and coordination of population activities. The General Economic Planning Secretariat (SEGEPLAN) is responsible for the coordination of all external cooperation, including cooperation in the field of population. It has conducted population and development studies and formulated preliminary proposals for a population policy, although its Population and Employment Department has been reduced to one professional. Other institutions directly engaged in population activities are the National Statistical Institute (INE), the Ministry of Health and Social Welfare (MSPAS), the Guatemalan Social Security Institute (IGSS), the Ministry of Education and, to a lesser extent, the Ministry of Agriculture. In addition, a number of NGOs have active family planning and/or population education and information programmes. One university offers demography and population and environment programmes.

III. REVIEW OF UNFPA AND OTHER EXTERNAL COOPERATION TO DATE

15. The Governing Council approved the first country programme, for $5.3 million, during its twenty-seventh session in 1980, and the second programme, for $4 million for four years, during its thirty-fifth session in 1988. The second programme was extended by one year in view of the delayed start in its implementation and changes in the Government. It will end in 1993.

16. The implementation of the second programme was limited by several factors, such as the centralized public administration and the lack of definition of institutional responsibilities in the field of population; the scarcity of resources in this field; the perception that there are cultural and philosophic barriers to population activities and, as a consequence, lack of commitment to undertake them; delays in the fielding of project personnel; and the fact that the programme was more a collection of projects than a coherent programme.

Maternal and child health and family planning

17. The objectives of the second programme were to increase the coverage of MCH/FP services that had been supported through the first programme; to equip new dispensaries and hospitals for monitoring high-risk pregnancies; and to train supervisory health personnel and community health providers, especially midwives.

18. Despite the delay in starting activities, the objectives have been met. In addition to high-level training of supervisory personnel, MCH/FP training was incorporated into the curricula of nursing schools and of the school of medicine at the University of San Carlos. Operational research was undertaken and used in the development of the National Maternal and Child Health Plan 1992-1996, the National Maternal Mortality Reduction Programme and the Norms for MCH/FP Services. Moreover, the UNFPA-supported programme, which is in the MCH Department of the Ministry of Health and Social Welfare, collaborated with the Ministry's Reproductive Health Unit, which receives support from the United States Agency for International Development (USAID), and with the schools of medicine and nursing.

19. Performance has been limited by the lack of an integrated national plan with built-in coordinating mechanisms between the Ministry of Health and Social Welfare and the other providers of health services; the priority accorded to vertical programmes, such as immunization, which entails periodic commitment of

most resources to their activities to the detriment of such programmes as MCH; the rapid turnover of technical personnel; and the weakness of procedures for evaluating the training of primary health agents.

20. However, recent changes can be expected to facilitate implementation of the proposed programme. These changes include the priority and increased budget allocations accorded to social programmes; the emphasis PLADES places on the health of poor rural and urban women; and the formulation of the National Maternal and Child Health Plan. Furthermore, the reorganization of the Ministry of Health and Social Welfare is proceeding: the MCH Department and the Reproductive Health Unit are being integrated, and greater resources are being assigned to the consolidated unit. The Ministry also plans to contract with the private sector for the extension and improvement of coverage in municipalities that are currently underserved.

Information, education and communication

21. The programme has collaborated with the Ministry of Education on the inclusion of population education in primary education curricula, mainly through teacher training and materials development. Activities, which had been interrupted in 1986 by government decision, were reinitiated at the end of 1989 in the context of the curricular reform in progress since 1987, with the support of the Netherlands and UNDP.

22. The programme has succeeded in: training teachers and personnel of the Curricular Development System (SIMAC); producing materials; creating awareness through the press; producing radio programmes; and, most importantly, fostering consensus among opinion leaders. A formal intersectoral and inter-institutional consultation mechanism is now in place. Through such consultations, a number of sectors and institutions have expressed a commitment to including population education in their programmes, in some cases with emphasis on non-formal education to reach the poorest groups, and have recommended that the Government formulate a population policy through a similar process of consultation. At the same time, there remains some resistance to population education, particularly to specific areas of content.

Data collection and analysis

23. The programme is cooperating in the preparatory phase of the Population and Housing Census of 1993. It supported the undertaking of the Socio-demographic Survey of 1989 and the updating of vital statistics, and is supporting the development of an information system on displaced populations. The results of the survey are widely used, e.g., in the elaboration of national and regional poverty profiles and the definition of target populations. The information system on displaced populations is being used in the formulation of resettlement projects for those returning to the country.

24. Problems that remain are the shortage of technical personnel with the ability to analyse and interpret data, the limited capacity for disseminating data, and the centralized statistical system in which all processing and analysis is carried out at the central level. On the positive side, the information and awareness-creation activities relating to the preparation of the forthcoming population and housing census have been successful and could be replicated in disseminating and utilizing the census data that is collected. The local personnel who will be trained could become the nucleus of a decentralized statistical system.

Population policy formulation

25. UNFPA has cooperated with the Government in the inclusion of population aspects in development plans since 1976, first through creation of the Population and Employment Department of SEGEPLAN and later through population and employment activities during the period of the first two country programmes.

The second programme supported, until 1990, activities that contributed to the formulation of a population policy proposal. The proposal was discussed in a national seminar. However, in the 1980s, activities had been interrupted, work already produced had been shelved, and the Population and Employment Department had lost of most of its personnel.

26. At present, a new political opening is permitting such initiatives as the inter-institutional recommendation to formulate a population policy.

Women, population and development

27. The past programme supported the formulation of activities with reproductive health and family planning information and education components. It was intended that these activities would be in collaboration with an integrated project -- undertaken by the World Food Programme (WFP), the International Labour Organisation (ILO) and UNDP -- that supported small enterprises run by women. However, the additional funds required for UNFPA collaboration have not yet been obtained. Possibilities for similar collaboration with other programmes exist and require follow-up. The integration of women in the activities of all programme areas was not included as a programme objective.

Other external cooperation

28. UNDP is supporting the curricular reform programme of the Ministry of Education in cooperation with the Government of the Netherlands. It is also supporting the strengthening of the statistical system and the national population census with regular resources and through cost-sharing. Jointly with the WFP, and with ILO execution, it supports the development of small rural enterprises for women and, with the Government of Italy, the Sub-regional Development Programme for Displaced, Refugee and Repatriated Populations (PRODERE). UNDP has also established a project on human development designed to mobilize national and international resources for human development objectives in the Central American subregion.

29. UNICEF's integrated programme is based on the diagnosis of the situation of Guatemalan women and children that it elaborated and published in 1991. The programme focuses on reducing infant, child, and maternal mortality through support to basic health services, water, nutrition and sanitation programmes. UNICEF follows a strategy of advocacy for social mobilization in support of child survival and child development. UNICEF also supports women's programmes and education, with particular attention to the girl child. It has a strong communication infrastructure which it uses cooperatively with other programmes and organizations, such as UNFPA.

30. The United Nations High Commissioner for Refugees (UNHCR) has been engaged in the protection and resettlement of refugees and, in this context, in the development of skills and economic activities among refugee women.

31. The International Fund for Agricultural Development (IFAD) has begun a large agricultural development project, within which it is considering the inclusion of a health component, including maternal and child health.

32. The European Community (EC) and the Government of Italy have cooperated with the Child Survival Plan at the regional level, and the EC is commencing a national project for Guatemala to support MCH services in one priority geographic location. It would be willing to strengthen this project in the area of reproductive health and family planning in cooperation with an organization like UNFPA.

33. USAID is the largest external cooperation agency in population. It cooperates with the Government through the Ministries of Education, and Health and Social Welfare, and with NGOs and the private sector. USAID supports primary education improvement; a programme to prevent girls from dropping out of school; non-formal education activities, with an emphasis on activities for indigenous groups and women; child survival; and family planning programmes. Support to family planning is channelled through the Reproductive Health Unit of the Ministry of Health and Social Welfare; NGOs, such as the Pro Family Welfare Association (APROFAM), the Guatemalan Sex Education Association (AGES) and the Experiment in International Living; and the private sector, through IPROFASA, a pharmaceutical importer. USAID also cooperates with municipalities and communities to increase their participation in managing natural resources and protecting the environment.

IV. PROPOSED PROGRAMME 1994-1997

34. Guatemala does not have a population policy or a national population programme. The proposed UNFPA programme of cooperation is based on the development priorities of the Government stated in the Economic and Social Policy of the Government for the Period 1991-1996 and the Action Plan for Social Development 1992-1996, 1997-2000 (PLADES).

35. The conclusions and recommendations of the PRSD mission of May-June 1992 were considered in the formulation of the proposed programme. Special attention was given to cooperation and collaboration with other programmes and with other external cooperation agencies to maximize programme effectiveness.

36. The programme would pursue the following long-range objectives: (a) the development of a comprehensive population programme that has been legitimated by a population policy and integrated into overall government activity; (b) full access to the necessary knowledge, information and services for the exercise of the principle of "responsible parenthood and the right of individuals to decide freely the number and spacing of their children", established in the Constitution; and (c) important participation of women in all population activities.

37. The immediate objectives of the programme are to contribute, by the end of 1997, to the achievement of the following: (a) a national population policy; (b) a basic capacity to implement the policy, to monitor and evaluate its implementation, and to integrate population factors into development plans and programmes; (c) greater awareness at all levels of the right of individuals to decide freely the number and spacing of their children; (d) greater quantity and quality of reproductive health and family planning services; and (e) increased national awareness of women's roles and rights, and gender-sensitive population activities.

38. Guatemala is a country of great social and spatial heterogeneity and ethnic and linguistic diversity. As recommended by the PRSD mission, the programme strategies take this into account and are based on the following economic and social strategies of the Government: administrative decentralization; agreement and cooperation among the Government, community and non-governmental organizations and the private sector; and collaboration among national programmes, and between national and regional ones. By supporting these strategies, the programme would enhance national capacity at various levels to execute UNFPA-funded projects. It would also enhance the Government's coordination of external assistance for population.

39. The programme strategies are: (a) to support the process of formulating and legitimizing a population policy, including dialogue and target-setting in relation to economic and social objectives; (b) to target geographical areas and social groups selected according to specified criteria; (c) to expand and improve reproductive and family planning services, consolidating the system in areas already served and complementing

other programmes to extend services to new areas; (d) to involve the community in the design, implementation and evaluation of programme activities; (e) to strengthen IEC in support of programme activities; (f) to strengthen the dissemination, understanding and application of population information; (g) to involve women in all phases of programme activities and to consider gender explicitly throughout those activities; and (h) to maximize the efficacy of UNFPA-supported activities through collaboration and complementarity with other programmes.

Maternal and child health and family planning

40. The programme would support the attainment of the health objectives of the PLADES and the National Maternal and Child Health Plan, focusing on the reduction of maternal mortality. It would aim at: increasing understanding of maternal mortality and awareness of the principle of responsible parenthood and the right of individuals to decide on the number and spacing of their children; increasing the capacity of the health system to provide quality reproductive health and family planning services; and promoting change in the reproductive behaviour of both men and women.

41. To attain these objectives, the programme would subscribe to the integrated approach of the National Maternal and Child Plan, primarily complementing the activities and inputs of other programmes, to raise service coverage and quality in a decentralized manner; reinforce service provision with information and education appropriate to specific target groups, with active community participation; and would concentrate on specific areas and on groups identified according to criteria agreed upon with the Government. The proposed programme would collaborate with private service providers and would emphasize collaboration and complementarity with the activities of other external cooperation agencies, e.g., in MCH-related IEC with UNICEF; with the EC's MCH project in the eastern region; with USAID-supported activities, particularly those of the family planning unit of the Ministry of Health and Social Welfare and of APROFAM; and with the Nutrition Institute for Central America and Panama (INCAP) in operational research and health and nutrition training at the regional level.

42. The programme would support training in maternal and reproductive health and family planning, emphasizing its extension to the local level and its evaluation on the basis of the competence of those trained instead of on their numbers; capacity-building to foster the decentralization process; provision of equipment and drugs to health units, and contraceptives to complement available supplies; dissemination and application of norms; and operational studies aimed at adapting services to local needs and characteristics, thus contributing to the development of the diversified service models proposed by the Ministry of Health and Social Welfare.

43. The programme would include IEC activities to increase awareness; to increase decision makers' support for sectoral objectives; and to change the reproductive behaviour of men as well as women. It would also collaborate, in ways to be agreed upon with the Government and in close coordination with other agencies, in the activities that will be developed by the National Programme for AIDS Surveillance and Control.

44. UNFPA would provide a total amount of $1,825,000 for this sector, of which $825,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

45. The proposed programme would seek to heighten awareness about population dynamics and its social and economic interrelationships, particularly among decision makers, opinion leaders and government officials; educate school-going youth in the values of responsible parenthood and family life and the equal worth of men and women; also educate those people who do not attend school, the majority of the population, in these values and promote changes in their reproductive behaviour. These objectives would be pursued in the framework of the educational reform started by the Ministry of Education, through SIMAC, in 1990; the Government's initiatives to educate the girl child, particularly the rural illiterate girl; and the request of many sectors and institutions for a population policy.

46. In line with government strategies, the programme would be based on the recognition of Guatemala's cultural and linguistic diversity as well as the dispersion of the population, and would seek to collaborate with NGOs and private organizations. It would support ongoing activities to integrate population education into school curricula and the strengthening of collaboration with UNDP in support of the curricular reform programme; continued intersectoral and inter-institutional consultation that will determine the objectives and content of population education; population IEC in formal and non-formal out-of-school programmes, with emphasis on the development of collaborative activities, particularly with UNICEF's advocacy activities for child survival, and with UNICEF and USAID in cooperating with government initiatives to promote the education of the girl child; and the sociocultural studies needed to design these activities.

47. The projects to be developed within the various programme areas would include an IEC component. On this basis, an integrated communication strategy would be developed to support the programme, along with the institutions that implement population projects, in the use of educational communication. The programme would be coordinated with those of other cooperation agencies and organizations, and would use the channels of other programmes, particularly those supported by UNICEF and other United Nations agencies.

48. UNFPA would provide a total of $740,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

49. UNFPA cooperation in the area of data collection and analysis aims at consolidating the information and analysis base for the elaboration of policies and programmes and the identification of target groups, and at promoting more and better use of available information.

50. The Government has accorded high priority to the 1993 census. The programme would, in close collaboration with UNDP's support for the census, strengthen the capacity for analysis, publication and dissemination of disaggregated census information; promote the use of the information for key operational studies to support the development and improvement of population projects and activities; and support IEC activities to develop knowledge and use of population information. Were the Government to consolidate a system of household surveys, the programme could support the elaboration of demographic modules.

51. The programme would cooperate with the organization that will take over the information system on displaced populations, to consolidate its management and analysis capacity.

52. UNFPA would provide a total of $240,000 for this sector, of which $120,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation and population dynamics

53. Taking into account the renewed awareness and the inter-institutional request that a population policy be formulated, the proposed programme would support the formulation and validation of the policy, including awareness creation and the development of a consensus. It would also support conceptualization of the components of the population policy -- such as a population distribution component through, inter alia, the creation of new economic growth poles -- and the development of programme instruments to implement those components, including target setting and monitoring and evaluation mechanisms. In addition, the programme would support the integration of population policy instruments into national and sectoral plans. As part of this process, certain activities would be aimed at elucidating the relationship between population dynamics and the environment. Within the framework that the Government may establish for external cooperation in these areas of policy development, the programme would seek collaboration and complementarity with other external agencies and organizations.

54. UNFPA would provide a total of $380,000 for these activities, of which $180,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

55. The proposed programme would incorporate gender concerns into all its activities. It would emphasize the direct participation of women and the training of women, and it would collaborate with broader programmes in support of women and families, particularly at the community level, and with private organizations and NGOs.

56. In collaboration with women's organizations and NGOs and with IEC programmes of other external cooperation agencies, particularly UNICEF, the proposed programme would support, through population IEC, gender awareness and training of planners, opinion leaders, health professionals and project personnel, the formulation of gender-sensitive policies and programmes; and information, education and service components on maternal and reproductive health and family planning within women's programmes and projects.

57. UNFPA would provide a total of $275,000 for this sector, of which $75,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

58. The amount of $40,000 has been set aside as a reserve to cover unforeseen activities that may be developed within the context of the proposed programme.

Programme coordination

59. Programme implementation would be coordinated by SEGEPLAN, with the collaboration of the Office of the UNFPA Representative in Guatemala. Collaboration and cooperation among UNFPA-supported projects would be strengthened through periodic meetings of their directors, facilitated by the UNFPA Field Office. UNFPA would collaborate with the Government in promoting coordination and integration of population activities by means of continued contact with other external cooperation organizations, especially members of the Joint Consultative Group on Policy (JCGP).

Programme monitoring, evaluation and management

60. UNFPA cooperation would be managed by the UNFPA Field Office in Guatemala in coordination with SEGEPLAN. The design of all programme activities would include monitoring and evaluation mechanisms. On the basis of agreement between the Government and UNFPA, independent evaluations would be part of all large or innovative projects. The UNFPA Country Director, together with the Government, would monitor programme implementation. A mid-term programme review would be undertaken at the end of 1995 or at the beginning of 1996. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team in Santiago, Chile.

Financial summary

61. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.5 million over the four-year period 1994-1997, of which $2 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.5 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and and family planning	1,000,000	825,000	1,825,000
Information, education and communication	440,000	300,000	740,000
Data collection and analysis	120,000	120,000	240,000
Population policy formulation and population dynamics	200,000	180,000	380,000
Women, population and development	200,000	75,000	275,000
Programme reserve	40,000	--	40,000
TOTAL	2,000,000	1,500,000	3,500,000

V. RECOMMENDATION

62. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Guatemala in the amount of $3.5 million for the four-year period 1994-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2 million from UNFPA's regular resources, over the period 1994-1997;

(c) Further authorize the Executive Director to seek to provide the balance of $1.5 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Guatemala and with the executing agencies.

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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Pakistan
Support for a comprehensive population programme

Proposed UNFPA assistance:	$30 million, of which $20 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	July 1993
Executing agencies:	Government of Pakistan United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agencies:	Ministry of Finance Ministry of Population Welfare

Pakistan

Demographic facts

Population (000)	
Total	118,122
Males	61,556
Females	56,566
Sex ratio (/100 females)	108.6
Urban	37,809
Rural	80,314
Per cent urban	32.0
Population in year 2000 (000)	154,794
Functional age groups (%)	
Young child: 0-4	17.8
Child: 5-14	25.9
Youth: 15-24	19.6
Elderly: 60+	4.6
65+	2.8
Percentage of women aged 15-49	46.3
Median age (years)	18.1
Dependency ratios: total	87.0
(/100) Aged 0-14	81.8
Aged 65+	5.3
Agricultural population density (/hectare of arable land)	3.2
Population density (/sq. km.)	148

Average annual change (000)	
Population increase	3,370
Births	5,138
Deaths	1,325
Net migration	-443
Annual population total (% growth)	2.67
Urban	4.28
Rural	1.75
Crude birth rate (/1000)	40.6
Crude death rate (/1000)	10.5
Net migration rate (/1000)	-3.5
Total fertility rate (/woman)	6.17
Contraceptive prevalence rate (% 15-44)	8
Gross reproduction rate (/woman)	3.01
Net reproduction rate (/woman)	2.43
Infant mortality rate (/1000)	98
Maternal mortality rate (/100,000)	400-60
Life expectancy at birth (years)	
Males	59.0
Females	59.0
Both sexes	59.0
GNP per capita (U.S. dollars, 1990)	380

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $30 million, of which $20 million would be programmed from UNFPA's regular resources, over a five-year period, starting July 1993, to assist the Government of Pakistan in achieving its population and development objectives. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme, UNFPA's fifth cycle of assistance to Pakistan, has been developed in consultation with the Government and takes into account: (a) the policies and priorities of the Accelerated Population Programme 1991/1992/1993/1994, approved by the Government in August 1991; (b) the draft Eighth Five-Year Plan, 1993-1998; (c) the Government's Social Action Programme (1992/1993-1994/1995); (d) the findings and recommendations of the UNFPA-organized High-Level Population Programme Appraisal Mission to Pakistan in March 1991; (e) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission to Pakistan in October-November 1991; (f) the findings of the UNFPA-supported Contraceptive Requirements and Contraceptives Logistics Management Needs mission to Pakistan in February-March 1992; and (g) the report of the UNFPA mission to Pakistan in January-March 1993, for the purpose of assisting the Government in planning the implementation of the Eighth Five-Year Plan. The programme was determined in consultation with senior officials of the Ministry of Population Welfare as well as with representatives of non-governmental organizations (NGOs) active in the population field in Pakistan. The proposed programme is designed to coincide with the Government's Population Welfare Programme, which forms part of the Eighth Five-Year Plan, 1993-1998.

3. The proposed programme would support the Government's efforts: (a) to reduce the population growth rate from an estimated 2.9 per cent to 2.5 per cent by the year 2000; (b) to raise the projected level of usage of traditional and modern contraceptive methods from 14.0 per cent to 24.0 per cent by 1998; (c) to reduce the total fertility rate from approximately 5.9 children per woman in 1992 to 5.4 children per woman by 1998; and (d) to reduce the crude birth rate from 39 per 1,000 in 1992 to 35 per 1,000 by 1998.

4. The Government's specific demographic programme objectives are: (a) to expand coverage of family planning services from 20 per cent of couples of reproductive age in 1992 to 80 per cent by 1998; (b) to increase the coverage of family planning in rural areas from 5 per cent to 70 per cent; (c) to reinvigorate and reinforce political support by reactivating the National Population Welfare Council, chaired by the Prime Minister; (d) to integrate family planning services into all health outlets; and (e) to recruit, at the village level, some 10,000 to 12,000 family planning fieldworkers who will provide door-to-door family planning services to the rural population.

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. Demographic trends. With a population of 122 million (1990), Pakistan is the eighth most populous country in the world.* The current annual growth rate is estimated to be at least 2.9 per cent, which, if unchanged, would lead to a doubling of the population by the year 2012. There has been little fertility reduction in Pakistan over the last 20-30 years. Rates have remained stable at an average of about 6 live births per woman from 1973 to 1993. The total fertility rate was estimated at 6.5 for 1988 and 5.9 for 1992, as indicated in the draft Eighth Five-Year Plan document. Infant mortality has been declining at a steady rate, dropping from 159 per 1,000 live births in 1962 to 98 per 1,000 live births in 1991. Maternal mortality remains high and is currently estimated at 600 per 100,000 live births.

7. Pakistan's demographic patterns are characteristic of many developing countries. The high annual population growth rate is the result of rapidly declining mortality, with little change in fertility. The crude death rate has been reduced to 11 per 1,000, a rate the Government considers high. Further declines in the mortality rate will tend to increase population growth.

8. Socio-economic factors. Pakistan's economy has performed well in the recent past, with the gross national product (GNP) growing by more than 6 per cent a year during the 1980s, although the continued rapid growth of population seems to have had a dampening effect on socio-economic development. The number of illiterates has been rising, and it is estimated that, in 1992, only 35 per cent of the adults were literate. The problem is more serious for adult females, as only an estimated 21 per cent were literate. There is a progressively larger disparity in the school enrolment rate of men and women with higher levels of schooling.

9. Pakistan's population programme has passed through various phases and employed various approaches since it was started in 1955. In 1977, a Population Welfare Division was established as part of the Ministry of Health. However, for several years after 1977, there were essentially no field activities or motivational campaigns. In 1980, the Division was transferred to the Ministry of Planning and Development. The name of the programme was changed from Family Planning to Population Planning and then, when it was upgraded to a ministry in 1991, to Population Welfare.

10. The strategy during the period 1988-1992 was based upon active support and participation of relevant government departments, public institutions and the private sector in providing services and promotional programmes. The programme's main features were intended to reinforce the multisectoral approach, the aim being to bring about greater social acceptance of the small family norm and to respond to the growing demand for family planning services. The programme began to shift towards more effective contraceptive methods, such as contraceptive surgery, intra-uterine devices (IUDs) and injectables. This was accompanied by efforts to strengthen field supervision and implement a more effective information, education and communication (IEC) strategy.

11. The demographic targets and goals stated in successive programmes were not achieved, however, due to several technical and other factors, such as low school enrolment and the low literacy rate, inadequate supervision and weak monitoring. The training curriculum for Family Welfare Workers (FWWs) was

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*For the sake of consistency, the demographic data presented in paragraphs 7 and 8 are government figures, which differ from the United Nations projections provided on p. 2 of this report.

outdated, among other shortcomings. Other factors included inadequate funding and the lack of sustained political support, outreach facilities and community involvement.

12. The programme has succeeded in creating awareness about family planning and the use of contraceptives, and, although contraceptive use remains low, the demand for family planning is increasing. A 1991 survey indicated that 78 per cent of married women 15-49 years reported knowledge of at least one contraceptive method, although only 14 per cent were currently using contraceptives. The survey also revealed that 36 per cent of the women interviewed did not want any more children, and 18 per cent would like to practise child-spacing.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. Under UNFPA's first country agreement with the Government of Pakistan, which was signed in 1970, UNFPA committed $1.76 million to support the national family planning programme. The second UNFPA country programme, approved in June 1974, provided $15 million over five years for such activities as the Pakistan Fertility Survey, training in maternal and child health and family planning (MCH/FP) and the strengthening of MCH/FP services. UNFPA's third programme of assistance was approved in June 1981 in the amount of $30 million. However, owing to financial constraints, the amount was reduced to $11 million. The third country programme was extended until December 1986. During this period, UNFPA provided assistance for MCH/FP services, including reproductive health and contraceptive surgery services, training, equipment, contraceptives and support to field staff.

14. The Governing Council approved the fourth country programme for Pakistan in June 1986, for 1987-1991, in the amount of $20 million -- $15 million from UNFPA regular resources and $5 million from multi-bilateral funds. UNFPA assistance under this programme cycle, which was extended to mid-1993, covered mainly family planning services through family welfare centres at the community level; reproductive health and contraceptive surgery services; the training of personnel to deliver family planning through 12 regional training institutes; population education for workers in the organized labour sector; women, population and development activities; and assistance for the 1991 census.

Maternal and child health and family planning

15. UNFPA assistance in the field of MCH/FP helped improve the delivery of services at the community level in both urban and rural areas, contributing to the support of the network of 1,290 family welfare centres that are currently providing family planning and some MCH services. During 1987-1991, UNFPA, with support from the Arab Gulf Programme for United Nations Development Organizations (AGFUND) through a multi-bilateral arrangement, provided assistance to 147 family welfare centres. Of these centres, 52 are operated by 13 NGOs, which are members of the Non-Governmental Organizations Coordinating Council for Population Welfare (NGO-CC), established by the Ministry of Planning and Development in 1985.

16. As part of an integrated MCH/FP service, 170 reproductive health centres established at teaching and other large hospitals have been providing contraceptive surgery services to male and female clients, upon request. UNFPA provided support for medical equipment, training, transport, and construction or renovation of the facilities. Under a multi-bilateral arrangement, the British Overseas Development Administration (ODA) has also provided UNFPA with funds for this programme.

17. UNFPA has supported 12 regional training institutes since 1978, for training all categories and cadres of family planning personnel working in the population programme, including staff of cooperating ministerial departments and NGOs. UNFPA support has been aimed at institutional development and the strengthening of RTIs as a vital base for human resource development training within the country.

18. The PRSD mission, although supportive of these activities, identified constraints needing attention, including the lack of quality of services, inadequate coverage of the population, poor performance in the field, lack of outreach activities and IEC, and minimum standards for facilities and equipment.

19. Early in 1988, UNFPA advised the Ministry of Population Welfare (then the Population Welfare Division in the Ministry of Planning and Development) to establish a policy for the procurement of injectables, emphasizing that UNFPA could not continue to be the sole supplier of this type of contraceptive. At the Government's request, the United Kingdom thereafter supplied 250,000 ampoules annually for three years.

20. As part of its recent global initiative, UNFPA, in collaboration with other external assistance agencies, fielded a mission to undertake an in-depth study in 1992 to determine contraceptive requirements and logistics management needs in Pakistan. The mission's report provides estimates of contraceptive requirements based on two methodologies -- one a demographic analysis using two assumptions of contraceptive prevalence; the other using Procurement Analysis Tables (PATs), which identify "pipeline" contraceptive requirements for a three-year period. The study recommends that the Ministry of Population Welfare should, as soon as possible, formulate clear action plans for effectively managing the distribution of contraceptives through the Accelerated Programme initiative. It further recommends that the Ministry should also develop clear action plans for reporting performance under these new initiatives and for requisitioning additional contraceptives.

21. Based on the study's findings, the PRSD mission recommended that UNFPA supply IUDs and NORPLANT subdermal contraceptive implants, especially because the United States Agency for International Development (USAID) had ceased to provide assistance for such contraceptives in 1992. So as not to disrupt the supply of contraceptives for the programme, UNFPA approved an amount of $700,000 to procure approximately 680,000 IUDs and 7,000 NORPLANT subdermal implants.

Information, education and communication

22. UNFPA supported a wide range of activities in IEC, including efforts to integrate motivational components into the family planning services provided through family welfare centres and to extend population education to workers in the organized sector through the Ministry of Labour and Manpower. UNFPA also provided support for conferences, workshops and meetings to create awareness and understanding of the intersectoral linkages between population and development issues. UNFPA assisted a women's organization, the Aurat Foundation, to establish a research and training information centre on women. The centre has successfully published a quarterly newsletter, with information on issues related to women's rights, health, population, education, employment and the environment. The publication is being shared with other countries.

Data collection and analysis

23. During the preparatory phase of the fourth country programme in 1987, UNFPA provided technical assistance to analyse the 1981 census data and to prepare the census plan for the proposed 1991 population and housing census, which was rescheduled for a later date. UNFPA assistance was used to procure necessary

equipment, conduct study tours and train census staff in collection techniques, including how to collect disaggregated data on women and their economic activities. Four documentary films on population census work were prepared and used for training.

Other external assistance

24. USAID has been the major external assistance agency in the population field in Pakistan, contributing more than 50 per cent of the total external assistance to the national population programme. Such funding has been provided to procure contraceptives and distribute them through marketing schemes, train health workers in family planning delivery and techniques, formulate and implement IEC activities, conduct research and assist NGOs.

25. Since 1989, the World Bank has been supporting a family health project, of which MCH/FP is a major component. The Asian Development Bank approved a second health population project for $16 million, for the period 1985-1992, which seeks to improve the delivery of health and population welfare services in the Sindh province and to support construction of the federal Ministry of Population Welfare's regional training institutes. Other sources of external assistance in the population area include the United Kingdom, which provided support to a UNFPA multi-bilateral funding arrangement to improve contraceptive surgery services; ODA, which is supporting training for traditional birth attendants (TBAs) and mobile service units; and the United Nations Children's Fund (UNICEF), the Canadian International Development Agency (CIDA), and the Netherlands, which are providing support to NGOs involved in family planning.

IV. PROPOSED PROGRAMME 1993-1998

26. The Government has tentatively earmarked an approximate amount of $466 million for the population programme under its draft Eighth Five-Year Plan, 1993-1998. This allocation, though substantial, is modest in relation to the overall needs in this sector. It is, however, at a level consistent with the absorptive capacity of the programme organization for resource inputs.

27. Recognizing the increasing pressure of continuing rapid population growth on national resources, the Government would provide full support for activities aimed at attaining the goals enumerated in paragraph 3. The Accelerated Population Programme launched in 1991 includes the aims of increasing the number of service-delivery outlets by introducing family planning in 3,000 of the Ministry of Health's 7,300 service points, improving access to family planning services in the rural areas through mobile service units, and expanding the number of family welfare centres supported by NGOs. It also calls for improving the IEC component and strengthening the supervision and monitoring of the programme by creating 23 divisional offices and 158 subregional (tehsil) offices.

28. The broad strategy of the proposed UNFPA programme would be to assist the Government in: (a) expanding the coverage of family planning services, including the provision of contraceptives, and improving the training programme for village-level family planning fieldworkers and their supervisors; (b) supporting NGOs in launching innovative projects in family planning and expanding service networks in rural areas; (c) developing and launching a National Population Communication Plan to intensify information and awareness-creation activities; (d) improving the capability of the federal Ministry of Population Welfare and provincial Departments of Population Welfare to plan, implement, operate and monitor population programmes; (e) providing technical assistance to national research institutes to enable them to attain self-sufficiency in undertaking research studies, including operational research; and (f) providing assistance to the Ministry of

Women's Development and NGOs for projects that would enable women to become income-earners and to participate in development activities.

29. Although the PRSD mission fully endorsed the Government's strategy for programming population activities, and noted the indispensable role played by the Ministry of Population Welfare, the mission emphasized that it was unlikely that the Government could significantly expand the availability of family planning services over the coming decade without the Ministry of Health's full involvement. The mission, therefore, recommended that the Government maintain political commitment and support for family planning through regular meetings of the recently established Inter-Ministerial Committee. The mission further recommended that the federal Ministry of Population Welfare continue to provide strong leadership in policy-making, goal-setting, programme coordination, monitoring and evaluation, training and research. At the same time, however, the mission noted the importance of decentralized programme planning as part of development planning in all sectors. The mission also recommended the formulation of a national plan to develop human resources in population and family planning and the acceleration of female literacy and employment programmes.

30. The UNFPA mission to Pakistan in January-March 1993 assisted in planning the implementation of the Eighth Five-Year Plan by preparing a detailed annual work plan with objectives, required actions, designation of responsible officials, dates and expected outputs. The mission's report identifies needs for training and human resource development in planning, implementation and evaluation of the programme. The needs for monitoring, supervision and contraceptive logistics are especially acute. The report recommends that UNFPA support the placement of one federal and four provincial advisers to assist the Government in programme development. The proposed country programme would thus have a strengthened presence in Pakistan.

Maternal and child health and family planning

31. UNFPA would support efforts to: (a) decentralize responsibility for family planning programme planning and implementation; (b) develop and implement a plan to upgrade all family welfare centres, MCH centres and rural health centres to basic minimum standards for facilities and equipment and availability of family planning services; (c) develop and implement a National Family Planning Training Plan and a system for supervision, outreach and monitoring; (d) ensure an adequate and continuous supply of contraceptive commodities; and (e) strengthen and expand existing initiatives, in particular those that provide infrastructure, to meet longer term protection and logistics management needs.

32. UNFPA would provide assistance to the Ministry of Population Welfare's programme to enable it to continue to play a major role in increasing the availability of family planning services through its network of family welfare centres. Moreover, UNFPA would assist the Government in its efforts to involve the Ministry of Health fully in the delivery of family planning information and services. Activities would focus on developing and implementing a plan to upgrade all local centres providing family planning services, especially those in less privileged regions.

33. UNFPA assistance would also help the Government to expand, as rapidly as possible without compromising quality, the availability of family planning services, especially in rural areas, through the centres and outlets of the Ministry of Population Welfare, Ministry of Health, other line ministries and NGOs. UNFPA support in the MCH/FP sector would focus on enhancing the supply of contraceptives, training village family planning workers, improving service delivery in health outlets, establishing a system of supervision,

improving monitoring through the establishment of a management information system (MIS) system in the provinces, improving accessibility to services through the use of mobile service units and providing support to NGOs involved in family planning.

34. To ensure the widest possible coverage and availability of all types of contraceptives in all family welfare centres and health units, UNFPA would assist the Ministry of Population Welfare and the Ministry of Health in developing a National Family Planning Training Plan for providing basic, in-service refresher courses in family planning and IEC. UNFPA would also support the government plan to expand village-based service delivery in rural areas. Under this plan -- a major new input in the eighth plan -- the Government would train 10,000 to 12,000 women villagers in family planning techniques and in family planning motivation. This training would be conducted at the 12 regional training institutes and at 80 training subcentres that would be established at the rate of 1 per 100 union councils. To improve the efficiency and continuity of contraceptive services, the centres would maintain links with mobile service units. For operational supervision, a special cadre of 2,000 supervisors would be assigned, at a ratio of one supervisor for every four to six villages. In addition to carrying out regular supervisory functions, each supervisor would be responsible for keeping records and filing periodic reports.

35. TBAs play an important role as family planning agents in their communities, particularly in rural areas. UNFPA would support the Government's efforts to train an additional 2,000 TBAs, who would work under the supervision of family welfare centres, serving as village-based contacts for programme services, motivation, distribution of conventional contraceptives and referral of clients to clinics.

36. In accordance with the Government's stated objective of reaching a population growth rate of 2.5 per cent by the year 2000, UNFPA would assist the Government in developing a strategy to set overall annual goals for contraceptive prevalence and the number of users by method. Such goals should be broken down to indicative figures by province and district. UNFPA would also provide assistance to ensure the widest possible coverage and availability of all temporary family planning methods -- oral contraceptives, condoms, injectables and IUDs -- in all family welfare centres and health units, down to and including the level of basic health units.

37. UNFPA would continue to provide support for voluntary contraceptive surgery through the reproductive health centres at both private and public hospitals in urban areas, as well as in non-programme outlets, providing contraceptive surgery primarily on the basis of fees per case performed. UNFPA would provide assistance for these centres in developing training curricula and training methodology for trainers and the training of family planning workers. To expand women's access to contraceptive surgery, this service would be made additionally available in many district and subregional (tehsil) hospitals.

38. UNFPA would assist in developing a national family planning research agenda for operational and programme research and in identifying topics for immediate attention. This process would be initiated through a national workshop, with participants from the Ministries of Planning and Development, Population Welfare, Health, and Women's Development; from research institutes, such as the National Institute of Population Studies; and from user groups as well as technical advisers. Subjects for consideration would include family planning outreach and qualitative research on how to motivate communities to participate in family planning programmes. UNFPA could also support a contraceptive prevalence survey designed to provide rapid feedback on contraceptive use and accessibility of services.

39. UNFPA would provide a total amount of $18 million for this sector, of which $6 million would be sought from other sources, including multi-bilateral sources. A total of $5.5 million would be earmarked for the purchase of contraceptives.

Information, education and communication

40. Because strategic planning is a pressing need in the IEC area, UNFPA would assist the Ministry of Population Welfare, in collaboration with other participating ministries and organizations, in developing an IEC plan as part of an overall strategy for the Ministry's activities. The objective of raising contraceptive prevalence by integrating family planning into Ministry of Health service outlets, reaching underserved groups, and securing strong political and public support calls for reorganization of the IEC approach so that it is directly focused on creating and meeting demand. Such an approach would have to include a well-designed programme to educate and sensitize policy makers and community and religious leaders about population issues and family planning, since their support and cooperation is essential to success in these areas. The strategy would also entail: (a) identifying key audiences -- e.g., policy makers, community leaders, health workers, men and rural women -- to be reached in order to achieve the strategy objectives; (b) identifying and training staff to help plan and implement IEC activities to reach these audiences; (c) developing and pre-testing messages that respond to the interests and needs of each key audience through both quantitative and qualitative research; (d) conducting operational research to identify the most appropriate sources to deliver the messages, formats and content of materials; and (e) developing effective feedback mechanisms to facilitate monitoring and evaluation and to contribute to revisions and new directions. The development of an overall IEC strategy would include attention to the development of region- or province-specific strategies that reflect regional and provincial variations.

41. UNFPA would also support special IEC programmes aimed at the staffs of the Ministry of Population Welfare and Ministry of Health. As those staffs would be in direct contact with clients, they would be receiving information and training on family planning through seminars, workshops, videos and written materials. In addition, UNFPA would provide support for training health personnel in techniques of interpersonal communication.

42. In view of the mandate of the Ministry of Health to include family planning in all of its health outlets, UNFPA would provide assistance for seminars, workshops, videos and materials to inform and educate all levels of personnel at the Ministry, including administrators, paramedics and health workers, about the social, economic and health benefits of family planning, particularly for women. UNFPA would also support special IEC programmes involving relevant NGOs in family planning service delivery, in particular, women's NGOs with networks reaching low-income women, such as the Behbud Association and the Aurat Foundation. Moreover, UNFPA would support the use of existing print and electronic media and the networks of NGOs to conduct IEC campaigns addressing important concerns of women, including nutrition, health, education, vocational training, employment, delayed age at marriage and Safe Motherhood.

43. The proposed programme would also support IEC activities aimed at men. Such activities would include, among others, reaching men in formal and informal gatherings with specific messages about the health benefits that family planning offers through birth-spacing and the avoidance of high-risk pregnancies; improving the outreach of family planning information to men through the Family Planning Association of Pakistan; and implementing population education for workers through the Ministry of Labour and Manpower.

44. To ensure the complete institutionalization of population education in the formal education system, UNFPA would provide support to strengthen the Ministry of Education's Population Education Section through teacher training and materials development. UNFPA assistance would be used to develop, produce and distribute sufficient quantities of educational materials for both teachers and students and to conduct related audience research and evaluations. UNFPA would support the proposed expansion of population education components to include primary-school curricula and the strengthening of existing population education components in secondary-school curricula.

45. Although Pakistan has a highly developed modern communications system with extensive nationwide coverage by television and radio broadcasting networks and the print media, population communication efforts in the family welfare programme have not been sufficiently effective and focused. UNFPA would support efforts to enhance the effectiveness of these media through market research to determine the characteristics, interests and needs of their respective audiences. The findings would be used not only to design appropriate family planning messages, but also to coordinate such messages with those communicated through other channels, such as outreach workers and teachers of population education.

46. UNFPA would provide a total amount of $6 million for this sector, of which $2.4 million would be sought from other sources, including multi-bilateral sources.

Population policy formulation and population dynamics

47. To maintain the current strong political commitment to family planning and the strong leadership of the population welfare programme, the proposed programme would support the recently established Inter-Ministerial Committee on Population at the federal and provincial levels, and help in establishing a parliamentarians' group on population and development. UNFPA would provide assistance to help strengthen the technical capability of the committee to enable it to carry out policy-oriented research and analysis of all relevant population data. This analysis could then be used as the basis for formulating a national population and family planning manpower development plan.

48. Pakistan is rich in demographic data and has long years of experience in undertaking censuses. However, there is still a need to strengthen the Government's capability for using these data in conducting analytical investigations, preparing estimates and projections, and monitoring and assessing population programme performance. UNFPA would assist the Government in the analysis of available population and demographic data to produce monographs that will help strengthen population planning, making it part of all development planning, and that will strengthen strategic planning of population activities in all sectors.

49. UNFPA would provide a total amount of $1.5 million for population policy formulation and population dynamics, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

50. The proposed programme would assist the Government in its efforts to improve the status of women, including, in particular, efforts aimed at reducing fertility, increasing women's participation in education and literacy programmes, and expanding their employment opportunities.

51. As part of the provision of assistance to strengthen the recently established Inter-Ministerial Committee on Population (see paragraph 47), the proposed programme would suggest the inclusion of the

Ministry of Women's Development in the committee at both national and provincial levels. Support would also be given to the Family Planning Association of Pakistan to replicate its successful women, population and development initiatives through its various projects for planned parenthood and women's development.

52. As the overall level of rural development is a major constraint to women's development, the proposed programme would support development strategies that include the integrated community development approach, such as literacy courses incorporating messages pertaining to hygiene, water and sanitation, environment and energy, nutrition, health and family planning. UNFPA would cooperate with the Ministry of Women's Development in supporting innovative activities that would include family planning activities. UNFPA would also support programmes of skills development training for illiterate women to enable them to engage in income-generating activities.

53. UNFPA would provide a total amount of $3.5 million for women, population and development, of which $1.1 million would be sought from other sources, including multi-bilateral sources.

Programme reserve

54. The proposed country programme would contain a reserve of $1 million to allow UNFPA to respond to unforeseen needs that may arise during the implementation of the programme. Among the activities being considered is the analysis of census findings.

Programme coordination

55. The Economic Affairs Division (EAD) of the Ministry of Finance is the official coordinating agency for UNFPA/United Nations Development Programme (UNDP) assistance. EAD, on behalf of the Government, clears and approves UNFPA-funded projects. However, the task of coordinating the population programme lies with Ministry of Population Welfare, which is responsible for formulating population plans and programmes. UNFPA would seek to maximize coordination and collaboration with its partners in the Joint Consultative Group on Policy (JCGP), in particular with UNICEF and UNDP, through regular inter-agency consultations in Pakistan. The Fund would also assume a leadership role in the Task Force on Population, which provides guidance in this area to the Social Action Programme supported by the World Bank and bilateral donors.

Programme monitoring, evaluation and management

56. Mechanisms for periodic monitoring and evaluation, including regular technical reviews, would be built into each programme component. A number of major programme components would be selected for in-depth evaluation, and a mid-term review of the UNFPA country programme is envisaged for 1996. The UNFPA Country Director, under the general supervision of the UNFPA Representative, would manage the proposed fifth country programme. UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, including the UNFPA Country Support Team located in Kathmandu, Nepal.

Financial summary

57. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $30 million over the five-year period July 1993 through June 1998, of which $20 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $10 million from a combination of UNFPA

regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The table below shows how the programme would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	12,000,000	6,000,000	18,000,000
Information, education and communication	3,600,000	2,400,000	6,000,000
Population policy formulation and population dynamics	1,000,000	500,000	1,500,000
Women, population and development	2,400,000	1,100,000	3,500,000
Programme reserve	1,000,000	----	1,000,000
TOTAL	20,000,000	10,000,000	30,000,000

V. RECOMMENDATION

58. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Pakistan in the amount of $30 million for the five-year period July 1993 through June 1998;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $20 million from UNFPA's regular resources, over the period July 1993 through June 1998;

(c) Further authorize the Executive Director to seek to provide the balance of $10 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Pakistan and with the executing agencies.